Legal Name (Include Al	and filed i	Middle	ce of the Town Vashington State Bu LAST	Suffix	Death Date	- Paul J. Br
David	i	Hall	Aldrich		5/18/08	Paul J. Bedry Town Clerk
Sex (M/F)	Age – Last Birthday	Under 1 Year	Under 1 Day			County of Death
Male	67			finutes		Lewis
3irthdate 2/18/1941	1	(City, Town, or Count	y) (State or Foreign Cour Massachus	• .		
	ath Occurred in a Hos	•		Reside		
				1 .	own, or Location of Death	State Zip Code
209 Minera  Method of Disposition			position (Name of cemetery, c	rematory other place	) location-C	ity/Town, and State
Cremation		Tacoma C		rematory, other place		•
	Address of Funeral F	acility	Canal III y		Tacc	Date of Disposition
Gaffney Pu	neral Home,	1002 S. Y	akima Ave. Tac	oma. WA 9	8405	5/27/2006
uneral Director Sig	mature A	ر فرمستون کرد در	Commence of the second			
Registrar Address		Certificate of Deat		equired by the La	emains to Desting aws of the State of Washing by as Stated Above.	
	<del></del>	$\sim$	A siete	I as Kiss	Λ	Date Signed (MM/DD/YYYY)
egistrar Signature	Y		The second	proces	J	MAY 2 3 2008
eyisii ai Siyiiature	^	Ca	metery or Cren	noton, E:	in Polow	MAI 4 J 2000
This Permit m	ust he endorse					ctor where there is no Sexte
THIS F GITTIL II	iuai ne enuorse	o by the Sex	on where intermen	it is made, of	by the Fulleral DIFE	Stor where there is no Sexto
adv was	(Stried or Gren	en an and		(Y) YYIQQV	in	(Cemetery or Crematory)
ouy was	(pened or pre)	remati <sub>i</sub>	on on			resident to cremently
	(Sense or Sen	venst.	OH GWW	Signature X		Continuity of Continuity)
			-	signature X the District in	which the cemetery	
ody was	Return wi	ithin 10 days t	to the Registrar of t	the District in	which the cemetery	is located.
	Return wi	ithin 10 days t	to the Registrar of t	the District in		is located.

Rec	eived and file	d buniae-Arangit feni	of the MIT RHODE ISLA	Town Cle	rk Sept	. 22, 200	03 4:45pm	PERMIT NUMBER	
PERMIT	DECEASED — Name	FIRST	MIDDLE		LAST	SEX	DATE OF DEATH (N	fonth, day, year)	
MUST Accompany	E	rnest	R.	P	xelson	Male	August	27, 2003	
Remains	RACE	AGE	PLACE OF DEATH	City or town, state)					
to DESTINATION	White	87	South	South Kingstown, Rhode Island					
	BURIAL, CREMATION, DONAT	ION, OTHER (Specify)	PLACE OF DISPOS	ITION (Name of cerr	etery, crematory or oth	ner place)	CITY OR TOW	N STATE	
	Burial,	111	Rural	Cemeter	У		Southboro	MA	
SEYTON	FUNERAL HOME LIGHNSE	<i>€ 1 1</i>   .	FUNERAL HO	ME — Name and	Address (Street	or R.F.D. Number, City	or Town, State, Zip Code)		
SEXTON must	(Signature)	My	Matare	ese, 325	Main Sti	ceet, Ash	land, Mass	achusetts 01721	
return permit	CERTIFICATION: I certify that	death occurred from Natural c	auses (see over), that	referral to the Med	tical Examiner is n	ot required, and th	at permission is hereby	granted to dispose of this body.	
to City or Town Clerk at		NA	/0-			1		_	
Place of Disposal	Signature of certifying Ph	ysician (1184	WITH	Degree or	UD 8/	128/3	Date	signed 8/28/9	
on Fifth	Authorized disposition as state	d above occured on (Date)		SECTICAL	Lot	Signature of Sexto	n or Person in Charge o	of Place of Disposition	
of Next Month	Septembe	r 1, 2003		6	1A	$(2)_{i}$	adat ( )	illium	
•	TI	HIS PERMIT VALID ONLY	F SIGNED BOTH B	Y PHYSICIAN A	ND BY FUNERA	L HOME LICEN	SEE //	SEE OTHER SIDE	

"FUNERAL HOME LICENSEE": The burial-transit permit is required for any manner of disposition of a dead body, including interment storage cremation, and transportation. A certificate of cremation must also be obtained from the medical examiner for an

interment, storage, cremation, and transportation. A certificate of cremation must also be obtained from the medical examiner for any body which is to be cremated.

When used as a transit permit for transportation by common carrier, this permit or a duplicate thereof should be enclosed in a strong envelope attached to the shipping case. No separate transit permit is required.

outer case.

envelope attached to the shipping case. No separate transit permit is required.

Before shipment by train or express, the body must be embalmed; or if this is not practicable, must be enclosed in a tightly sealed

**SEXTON:** It is unlawful for any sexton, or other person in charge of a burial place, to permit burial or other disposition of a dead body before a burial-transit permit is deposited with him.

In Rhode Island, all permits must be preserved and forwarded to the City or Town Clerk where the burial takes place on the fifth day of the month next succeeding.

file Agreement for Judgement

# ALDO A. CIPRIANO ATTORNEY AND COUNSELLOR AT LAW

October 9, 2002

Paul Berry Southborough Town Clerk Town House 17 Common Street Southborough, MA 01772 277 MAIN STREET
VICTORIA BUILDING
SECOND LEVEL • ATRIUM SUITE
MARLBOROUGH, MASSACHUSETTS 01752
TEL. (508) 485-7245
FAX (508) 485-2304

Re: <u>Aspinwall v. Aspinwall and the Town of Southborough,</u> Worcester Superior Court Docket No. 2001-02230-C

Dear Mr. Berry:

Enclosed herewith please find Notice of Docket Entry from the Worcester Superior Court, together with copy of an Agreement for Judgment in the above referenced case.

We have confirmed with the Clerk of Courts Office at the Superior Court that this case is concluded and has been closed out.

Please maintain the attached enclosures with any Complaint or other Pleadings that may have been filed with your office.

Very truly yours,

Aldo A. Cipriano, Esq.

**Town Counsel** 

AAC/ldh

Encl.

cc: Janice Conlin

 $C: \verb|\winword| Town of Southborough| Aspinwall v. Aspinwall and Town of Southborough| Correspondence| Berry.oct. 2002. doc$ 

RECEIVED AND FILED IN THE OFFICE OF THE TOWN CLERK OCT.10,2002 2:20PM "EXHIBIT B"

# Commonwealth of Massachusetts County of Worcester The Superior Court

PAUL J. BERRY TOWN CLERK

CIVIL DOCKET#: WOCV2001-02230-C

RE: Aspinwall v Aspinwall et al

TO: Robert P Jachowicz, Esquire Hargraves Karb Wilcox & Galvani 550 Cochituate Road PO Box 966 Framingham, MA 01701-0966

# NOTICE OF DOCKET ENTRY

You are hereby notified that on 09/24/2002 the following entry was made on the above referenced docket:

Agreement for Judgment (see agreement). copy mailed 9-26-02

Dated at Worcester, Massachusetts this 26th day of September, 2002.

Corinne L. Gorman, Clerk of the Courts

BY: Alexander Rodriguez, III
Assistant Clerk

Telephone: 508-770-1899, Ext. 125 or Ext. 105 (Session Clerk)

WODCESTED SS

#### "EXHIBIT A"

### COMMONWEALTH OF MASSACHUSETTS SUPERIOR COURT DEPARTMENT OF THE TRIAL COURT

WORCESTER, SS	CIVIL ACTION NO 01-2230
PATRICIA ASPINWALL, )	
v.	AGREEMENT FOR JUDGMENT
STEPHEN ASPINWALL, et. al. , ) Defendants )	<b>⊸</b> ••

The parties stipulate and agree that a judgment shall enter as follows:

- 1. Judgment shall enter for the plaintiff Patricia Aspinwall for equitable relief on her complaint as follows: The plaintiff Patricia Aspinwall is authorized to exhume and relocate Frank Aspinwall's remains from his present resting place in the Southborough Rural Cemetery to one of the four lots owned by Patricia Aspinwall in another location in the same cemetery, the cost of said relocation and restoration of the existing plot (filling and reseeding) will be at the expense of Patricia Aspinwall. The Defendants agree that Frank Aspinwall's remains will not thereafter be moved, the new resting place will be the final resting place, and the Plaintiff agrees that the Defendants may leave their headstone as is, which presently has Frank Aspinwall's name engraved on it.
- 2. The cemetery supervisor, Bridget A. Gilleney is hereby ordered to permit and/or facilitate said relocation.
- 3. Judgment shall enter for the defendants/plaintiffs in counterclaim, Stephen Aspinwall, Deborah Mattioli, and Linda Markarian on their counterclaim in the amount of \$4,100.00.
- 4. All parties waive all rights of appeal.

Patricia Aspinwall by her attorneys

Hargraves, Karb, Wilcox & Galvani, LLP

Robert P. Jachowicz BBO 2483 550 Cochituate Road, V. O. Box 966 Framingham, MA 01701-0966

(508) 620-0140

Stephen Aspinwall, Deborah Mattioli, Linda Markarian by their attorney,

9-3-02

Charlopher Maffuecci BBO 645972 Casener and Edwards, LLP

One Federal Street

Boston MA 02110

(617) 426-5900

Town of Southborough

Department of Public Works

Cemetery Division

by its attorney

Frederick Busconi BBO 067500

392 Union Avenue

Framingham MA 01702

(508) 820-1111



## State of Florida, Department of Health, Bureau of Vital Statistics **BURIAL TRANSIT PERMIT**

DATE PRINTED: October 2, 2018

TRACKING NUMBER: 2016198019


#### **DECEDENT INFORMATION**

Name of Deceased

EDWARD G BRIDGES Place of Death - County

City, Town or Location

**SARASOTA** 

SARASOTA

Name and Address of Funeral Home/Direct Disposal Establishment

GENDRON FUNERAL & CREMATION SERVICES INC-SARASOTA F065945

SARASOTA MEMORIAL HOSPITAL

Fla. Lic. No./Reg. No.

SOUTHBOROU

**Phone Number** 

Date of Death

Name of facility, or street address if not a facility

December 22, 2016

F065945

(941) 365-1767

135 NORTH LIME AVENUE SARASOTA, FLORIDA, 34237

Funeral Director/Direct Disposer

MICHAEL GENDRON

Fla. Lic. No./Reg. No.

F042014

**Medical Verification Statement** 

Dana at the certifying physician's office, was contacted on 12/22/2016 by the funeral director listed above; he/she indicated that KEVIN JOSEPH DUNN, certifying physician, will complete and sign the medical certification of cause of death within 72 hours.

2.

#### **BURIAL - TRANSIT PERMIT**

The Florida Department of Health, Bureau of Vital Statistics hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

Permit Number:

2016-F065945-5330

Date Issued:

December 22, 2016

State Registrar

3. **AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION** 

**Authorization given by Medical Examiner District** 

12

**Approval Number:** 

C17-00019

4.

#### **CEMETERY OR CREMATORY**

Place of Disposition:

LURAL CENETERS, SUTTEMWEH, MIT Method of Disposition: Survive of chamated hemains

Date of Disposition: 15. 201

EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326E, 10/12



## State of Florida, Department of Health, Bureau of Vital Statistics **BURIAL TRANSIT PERMIT**

DATE PRINTED: February 28, 2017

TRACKING NUMBER: 2017034588

1.

#### **DECEDENT INFORMATION**

Name of Deceased

Date of Death

JAMES R BATEMAN

February 27, 2017

Place of Death - County

City, Town or Location

Name of facility, or street address if not a facility

SARASOTA

VENICE

**VENICE REGIONAL BAYFRONT HEALTH** 

Name and Address of Funeral Home/Direct Disposal Establishment BERGEN FUNERAL SERVICE INC F039998

Fla. Lic. No./Reg. No.

**Phone Number** 

F039998

(800) 338-3761

3107 DAVIS BLVD NAPLES, FLORIDA, 34104

**CATHERINE E. MILLER** 

Funeral Director/Direct Disposer

Fla. Lic. No./Reg. No.

F047506

2.

#### **BURIAL - TRANSIT PERMIT**

The Florida Department of Health, Bureau of Vital Statistics hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

Permit Number:

2017-F039998-5228

Date Issued:

February 27, 2017

State Registrar

#### AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District

Approval Number:

4.

#### **CEMETERY OR CREMATORY**

SOUTHBORDUSH MA

Place of Disposition: Method of Disposition: RURAL GEMETERY

Wethod of Disposition: REMOVAL FROM STATE Date of Disposition: 

EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326E, 10/12

2014 HIV - 3 A 12.

## State of Florida, Department of Health, Bureau of Vital Statistics, MA **BURIAL TRANSIT PERMIT**

DATE PRINTED: January 6, 2016

TRACKING NUMBER: 2015196345

1.

#### **DECEDENT INFORMATION**

Name of Deceased

December 30, 2015

Date of Death

Name of facility, or street address if not a facility

ELSIE BAVERI

City. Town or Location

HILLSBOROUGH

Place of Death - County

RUSKIN

SUN CITY SENIOR LIVING

Name and Address of Funeral Home/Direct Disposal Establishment

Fla. Lic. No./Reg. No.

**Phone Number** 

NATIONAL CREMATION & BURIAL SOCIETY - RUSKIN F041736

308 E COLLEGE AVE

Funeral Director/Direct Disposer

F041736

(813) 645-3231

RUSKIN, FLORIDA, 33570

Fla. Lic. No./Reg. No.

MICHAEL WEAKLAND

F081764

#### **BURIAL - TRANSIT PERMIT**

The Florida Department of Health, Bureau of Vital Statistics hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

**Permit Number:** 

2015-F041736-5329

Date Issued:

December 30, 2015

State Registrar

#### **AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION**

Authorization given by Medical Examiner District

**Approval Number:** 

16-00113Q

#### **CEMETERY OR CREMATORY**

Place of Disposition: Rural Cemetery, Southborough, MA

Sec.B-East, Lot 23, Grv#2A

Method of Disposition: Burial of cremated remains

Date of Disposition: May 27, 2016

EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326E, 10/12

Received and filed in the Office of the Town Clerk Sept. 5, 2002 3:00pm

DISTRIBUTION OF COPIES: Place of Final Disposition Place of Death

Place Permit Issued 🔲 issuing Clerk - Retain Until **Endorsement Received** 

STATE OF MAINE **DEPARTMENT OF HUMAN SERVICES** 

Town Clerk

Diainterment

PAGE 01/01

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

1. FULL NAME OF DECEASED (First, Middle, Last, Jr., etc.) 2. DATE OF DEATH (Mo., Dy., Yr.) Sheila Wood Baker June 25, 2001 3. SEX 4. AGE 6. WAS DECEDENT Yes [ ] 8. PLACE OF DEATH (City or Town) (State) F EVER IN U.S. 62 ARMED FORCES? No 🖼 Wells, Maine 7a. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON 7b. FUNERAL ESTABLISHMENT Bibber Memorial Chapel, 111 Chapel Rd, Wells, ME 04090 01615 LICENSE NUMBER 8. PERMISSION REQUESTED FOR: (Check sill that apply) 

| Temperary Storage ☐ Burier **Cramation** Mausoleum Removal from State Burlal at Sea Use by Medical Science Disinterment 9. AUTHORIZATION Completed Report of Death Medical Examiner's Release for X Application or FOR Death (Funeral Directors Cremation. Removal from State, Burial Court Order for PERMIT Certificate Only) at Sea, Use by Medical Science

PERMISSION IS HEREBY GRANTED TO REMOVE AND DISPOSE OF

	THE HUMAN REI	MAINS IDENTIFIED AB	OVE	<b>-</b>		
10. SIGNATURE OFFILE	A BULL	11. CITY OR TOWN	1	Que 20		
	Ď	SPOSITION	·	7	-00	
REMAINS WERE PLACED IN	13. NAME OF CEMETERY OR VAULT		14. LOCATION	(City or Town)	( State)	
TEMFORARY STORAGE	15. SIGNATURE OF PERSON IN CHARGE	BE OR MUNICIPAL OFFICIA	L	16. DATE	(Mo., Dy., Yr.)	
REMAINS WERE:	17. NAME OF CEMETERY, CREMATOR OR OTHER DESTINATION	City or Town)	(State)			
☐ Removed from State	Laurel Hill Cremat	<u> </u>	1	, Maine	·	
Placed in Mausoleum Buried at Sea Medical Use	19. SIGNATURE OF PERSON IN CHARGOR OR OTHER AUTHORIZED PERSON	E, MUNICIPAL OFFICIAL, F	UNERAL DIRECTO	OR, 20. DATE	(Mo., Dy., Yr.	
DISPOSITION OF CREMAINS:	Rular Cemetery	Grave# 🔝	22. LOCATION (C	City or Town)  Prough, MA	(State)	
Scattared To Family	23. SIGNATURE OF RESPONSIBLE PER	Son Silling		ĺ	Mo., Dy., Yr.)	
REMAINS WERE	25. NAME OF CEMETERY OR VAULT	0 . /	26. LOCATION (C	ity or Town)	(State)	
	27, SIGNATURE OF PERSON IN CHARGI	OR MUNICIPAL OFFICIAL		28. DATE (N	Ao., Dy., Yr.)	

Directions: The person responsible for the disposition must present four copies of this form to the municipal clerk or subregistrar for signature. The permit is not valid until it has been signed by the clerk or subregistrar.

Burial 5/31/05 Pg 435 Sec. B-East, Lot 30N, Grv#1A, F.H. n/a Donald Banks (son) made arrangements

## Certificate For Burial Of Cremated Remains ound marble Urn

issued by

PHOENIX CREMATORY	P	Н	O	E	N	IX	C	R	E	M	Δ.	ΓO	R	Y
-------------------	---	---	---	---	---	----	---	---	---	---	----	----	---	---

Hampton, New Hampshire

I hereby certify that the burial permit and t	the medical examiner's certificate prerequisite to							
cremating the body of <b>Donald R. Banks</b>								
late of <b>Dover, New Hampshire</b>	ate of <b>Dover, New Hampshire</b> have been duly presented, the same showing the							
death occurred at <b>Dover, New Hampshire</b>	on May 25, 2005							
Age <u>81</u> Date of Cremation <u>05/30/2005</u>	Cremation Number 6132							
Date <u>05/30/2005</u>	Certified by							

I hereby certify that the cremeted remains of Donald R. Banks Sr were buried in Rural Cemetery of Southborough, MA on May 31, 2005

Bridget A. Gilleney-DeCenzo

Received and filed in the Office of the Town Clerk Apr. 9, 2007

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

11:00am

FORM BT-1, 1/96 1. BURIAL PERMIT NO STATE OF NEW HAMPSHIRE 2. CITY OR TOWN Paul J. Berr **BURIAL TRANSIT PERMIT** Town Clerk 3. DECEDENT'S NAME (First, Middle, Last) 4. SEX 5. DATE OF DEATH (Month, Day, Year) **ELEANOR JOYCE BANKS FEMALE** MARCH 18, 2007 6. AGE 7. DATE OF BIRTH (Month, Day, Year) 8. CITY, TOWN, OR LOCATION OF DEATH 9. COUNTY OF DEATH MARCH 20, 1924 82 Years **DOVER STRAFFORD** 10. METHOD OF DISPOSITION: 11, PLACE OF DISPOSITION (Name of cemetery, 12 LOCATION 13. DATE OF DISPOSITION 1. Burial 2. Temp. Entombment crematory or other place) (City/Town, State) (Refer to 19a) 3 Cremation 4. Donation **PHOENIX CREMATORY** HAMPTON, NH MARCH 20, 2007 5. Mausoleum 6. Other 14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL 15. LOCATION (City/Town, State) CODE: 3 **RURAL CEMETERY** SOUTHBORO, MA A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THE STATE, PERMISSION IS HEREBY GIVEN TO: 16. FUNERAL DIRECTOR 17. N.H. LIC. NO ONLY 18. NAME AND LOCATION OF FACILITY (City/Town, State) ROBERT T MARGGRAF TASKER FUNERAL HOME, DOVER, NH 19. COUNTERSIGNED AGENT (CITY BOARD OF 20. CITY/TOWN 21. DATE ISSUED (Month, Day, Year) HEALTH/SUB-REGISTER if app.) DOVER MARCH 20, 2007 **GROVER L TASKER SR** CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE 22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault) 23. DATE STORED (Month, Day, Year) 24. CITY/TOWN, STATE 25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT 26. DATE ISSUED (Month, Day, Year) CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW 27. TYPE OF DISPOSITION (Cremated, buried, etc.) 28. DATE OF DISPOSITION 29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) (Month, Dav. Year) CREMATION RUKAL XMAL 9-26-0

32. SIGNATURE OF SEXTON OR PERSON IN CHARGE

C.000

This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to

31. GRAVE NO.

the clerk of the town in which the disposition takes place.

30. SECTION

6/28/02 Pg.255 Sec.9, Lot 45A, Grv#2,

Morris Funeral Home, Flagg vault

) RECEIVED AND FILED IN THE OFFICE OF THE TOWN CLERK JULY 17, 2002 AT 10:00 AM HEALTH State of Florida, Department of Health, Vital Statistics

	"TELL BAME
L	J. BERRY FOWN & FAK

		<u> </u>	APPLICATION FOR	R BURIAL - IRANSII PE	PAUL	J. BERR	<i>C</i> TOW	N CEEK
Α.	(TYPE)			<del></del>			*1	250
1.	Name of	First	Middle	Last	Date	Month	Day	Year
	Deceased	Amma	M	Dolfman	of	T	25	2002
2.	Place of Death	Anna City, Town o	M.	Beliveau Name of (If neither, give	Death	June	25,	2002
۷.	County	City, Town C	Location	Hosp. or	ve street address)			
	Brevard	Indian Ha	arbour Beach	Inst. 1136 Pineti	ree Drive			
3.	Name of Medical		Address	mst. 1130 1 Incer	rec brive	Phone N	lumber	
٥.		ital, M.D.		higan Avenue		1 1101101	Turriber	
				ne, Florida 32901		(321)	727-	0011
4.	Name of Funeral Home/I		Address		Lic. No./Reg. No.			
	Establishment Beach	Funeral Home	1689 S. Patri			<b>(</b>		,
	East Chapel			r Beach, FL 32937	1491	(321)77	7-4640	
5.		. X The medica		completed and signed. A comple				
	Appropriate	application.				·		
	Box							
	b	. 🗖		was con	tacted on			
		He/she verit	ied that this death was t	from natural causes, that there v	vas no accident no	r other extern	al cause	of death,
		and that			will	complete ar	nd sign th	e medical
		certification	of cause of death within	72 hours.				
	С	. 🔲		was contacted or	າ		He/she ve	rified that
					, Medical Exa	aminer, will co	omplete a	nd sign the
		medical cer	ification/of cause of dea					
6.	Funeral Director/		nature/ / /	F.E. No./Reg			Signed	
	Direct Disposer David	d P. Molinear	my g	1/hlm 19	929	Jui	ne 26,	2002
В.	A five (5) day extens	e funeral director and vector filing the death cert	his body. the death certificate (ex vill not be able to comple	Data	ause-of-death secti	ranted since	th certifica	ician has
C.		AUTHORIZ	ATION for CREMA	ATION, DISSECTION, or I	BURIAL-AT-SE	A		-
	Approval Number:			Date				
	Medical Examiner,			anun nutharization hu talenten				·×
	Wedical Examiner,		Funeral Director/	gave authorization by telephon  Direct Disposer:  Date		<del></del>		
``	The Medical Examiner's required for all cremation			any of the above methods. A w		hours after de	ath is	
D.			CEMETE	RY OR CREMATORY				
	Method of Disposition:			Place of Disposition Sc	outhborough	Rural Ce	meter	у
	_				outhborough,			
	BURIAL	STORAGE		Date of Disposition June	28, 2002			
	CREMATION	X OTHER (Specify	Removal fr	om state				
	Signature of Sexton or Person-in-Charge	}	Juan-	a. Hellow				
				/ )	t			

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.

# INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION FOR BURIAL-TRANSIT PERMIT FORM

#### APPLICATION FOR PERMIT

#### Section A.

- Type name of deceased and date of death.
- 2. Indicate place of death: County; City, Town, or Location; Hospital or institution (if not in hospital or institution, give street address).
- Indicate the name, address, and telephone number of the Medical Examiner or physician who is to provide the medical certification of cause of death.
- 4. Indicate name, address, telephone number, and license number of funeral home or direct disposal establishment.
- 5. a. Check if a completed death certificate, including the completed and signed medical certification of cause of death, accompanies the pink copy of the application for Burial-Transit Permit to the Local Registrar of the county in which the death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.)
  - b. Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate, and the date he/she was contacted. The person contacted must be either the physician or a responsible person who can speak for him/her.
  - c. Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.
- 6. Requires the signature of applicant Funeral Director, FE License number, or Direct Disposer, Registration Number, and the date the Application was signed.

#### **BURIAL-TRANSIT PERMIT**

#### Section B.

If it is anticipated that the certificate cannot be filed within five days from the date of death, five additional days (exclusive of weekends) may be requested and granted by checking the box provided. If no extension of time is requested, check appropriate box.

The Registrar or Subregistrar who issues the Burial-Transit Permit will sign and date the Permit Application and assign the permit number. Section 382.006, Florida Statutes, requires that a Burial-Transit Permit be obtained prior to disposition or removal from the State and within five (5) days after death. It shall be mailed or delivered to the Local Registrar of the county in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.

#### **AUTHORIZATION FOR CREMATION, DISSECTION, or BURIAL-AT-SEA**

#### Section C.

Approval for cremation, dissection, or burial-at-sea must be authorized by the Medical Examiner. Space for his/her approval number and date are provided. In addition, space is provided for the name of the person obtaining telephone approval from the Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL.)

CEMETERY OR CREMATORY

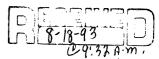
Section D.

Required: Signature of Sexton or person-in-charge (or by the Funeral Director Direct Disposer when there is no Sexton.); check the appropriate box to indicate the method of disposition, fill in the date and place of disposition in space provided



## State of Florida, Department of Health and Rehabilitative Services, Vital Statistics

#### **APPLICATION FOR BURIAL — TRANSIT PERMIT**



Α.	(Type or F	Print)				C4.58 11.11	•
1.	Name of Deceased	First	Middle	Last	DATE	Month Day	Year
		PATRICIA		BERARD	OF DEATHA	UGUST 8,1993	•
2.	Place of Death County	City, Town o	r Location		either, give street a		
ı	PINELLAS	South Pasad	ena	Inst. De luxe	Care Inn		
	Name of Medical Certifier		Medical Examine		ddress		e Number
ŀ	Harpreet Singh,	M.D.	X Physician	idelia Ave. South	, Jouth Pasa		60-0852
	Name of Funeral Hom		Address	C+ C Fla.	Lic. No./Reg. No.	Phone Number (A	rea Code)
F	Funeral Director		St.Petersburg,	FL 33705 1	346	813-822-40	)11
	Check	a  The medic	al certification has been	completed and signed. A			
	Appro- priate	this applica	ition.				
	Box	b 🗶 <u>Doro</u>			_ was contacted o	on <u>8/8/93</u>	_ within 72
		hours after	death. He/she verified	that this death was fron	n natural causes,		
			xternal cause of death, are medical certification of			wi	II complete
		c 🗆			contacted on	He/she v	erified that
					, Medical Examine	er, will complete ar	nd sign the
	Place of	medical cer					
Ο.	Final Disposition:	$\cap$	In state cemetery/ crematory - name/count	V:		moval m state	Donation
7.	Funeral Director/ /		Signature	F.E. No./		Date Sig	
_	Direct Disposer	Jonas 1	Mi	000973		Aug.8,199	3
В.			BURIAL TRA	NSIT PERMIT			
	Permission is hereby	granted to dispose o			Perr	mit No. <u>1346-4</u>	411
5	would result from fill	ng within the normal tii	ne limit. It the certificate o	ive of weekends) has be cannot be filed within this in which death occurred	extended time lim	granted as undu iit, a "Funeral Direc	e hardship ctor/Direct
	No extension of time						
	Registrar or Subregistrar Signatu	re Wille	am Br	Date Suspender 8	-9-93 B	ate Certificate	
				100ded		ue. <u>8/20/93</u>	
— Э.		AUTHORIZATI	ON for CREMATION, [	DISSECTION or BURIA	AL-AT-SEA		
	Signature	-	, Medi	ical Examiner Date			
	or						
	Medical Examiner,		, gave Funeral Director/D	authorization by telephor			
	The Medical Examine death is required for a	rs approval must be	obtained before disposa	irect Disposer. Date I by any of the above r	nethods. A waitin	g period of 48 h	ours after
).			CEMETERY OR	CDEMATORY			
			CLIVILIENT OR	Chewaloni	Rural Ceme	tery	
	Methods of Disposition			Place of Disposition	Southborou	gh, MA	
	BURIAL	☐ STORAGE		Date of Disposition	August 11,	1993	
	☐ CREMATION	☐ OTHER (Specif	y) 7. /	/ a.	•		
	Signature of Sexton) or Person-in-Charge)		want 6 X1	Aliana			
	J ,		Jan Andrews				
_				,			

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local HRS County Public Health Unit in the County where disposition occurred.

# INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION FOR BURIAL—TRANSIT PERMIT FORM

#### Section A.

#### **APPLICATION FOR PERMIT**

- 1. Type or print name of deceased and date of death.
- 2. Indicate place of death: County; City, Town or Location; hospital or institution (if not in hospital or institution, give street address).
- 3. Indicate the name and address of the physician or Medical Examiner who you determine is to provide the medical certification of cause of death.
- 4. Indicate name, address, and telephone number of funeral home or direct disposal establishment.
- 5. a. Check if a completed death certificate, including the completed and signed medical certification of cause of death, accompanies the pink copy of the Application for Burial—Transit Permit to the Local Registrar of the County in which death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.)
  - b. Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate, and the date he/she was contacted. The person contacted must be either the physician or a responsible person whom you determine can speak for him/her.
  - c. Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.
- 6. Requires signature of applicant, Florida License/Registration number, and date application signed.

#### Section B.

#### **BURIAL—TRANSIT PERMIT**

Provide permit number. If it is anticipated that the certificate cannot be filed within five days from the date of death, five additional days (exclusive of weekends) may be requested and granted by checking the box provided. If this time frame cannot be met, complete and file a copy of the Funeral Director/Direct Disposer Report with the Local Registrar in the County of death and send a copy to Quality Assurance, Office of Vital Statistics. If no extension of time is requested, check appropriate box.

The Registrar or Subregistrar who grants the Burial—Transit Permit will sign and date the Permit Application. If it is not convenient for the Subregistrar to sign, it will be signed by the Local Registrar or his designee. (The signature of the Subregistrar on the Burial—Transit Permit need not be the same as the Subregistrar signature on the death certificate.) Section 382.006, Florida Statutes, requires that a Burial—Transit Permit be obtained prior to disposition or removal from the State and within five days after death. It shall be mailed or delivered to the Local Registrar of the County in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.)

#### Section C.

#### AUTHORIZATION for CREMATION, DISSECTION or BURIAL-AT-SEA

Approval for cremation/dissection or burial-at-sea must be authorized by the Medical Examiner. Space for his approval signature and date are provided. In addition, space is provided for the name of the person obtaining telephone approval from Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL.)

#### Section D.

#### **CEMETERY OR CREMATORY**

Requires: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton); appropriate box checked to indicate method of disposition; date of disposition; place of disposition.

HFAITH

# State of Florida, Department of Health, Bureau of Vital Statistics 307 19

**BURIAL TRANSIT PERMIT** 

**DATE PRINTED:** August 19, 2015

TRACKING NUMBER: 2015122548

1.

#### **DECEDENT INFORMATION**

Name of Deceased

**Date of Death** 

LAURA BERTHA BERNARD

August 10, 2015

Place of Death - County

City, Town or Location

Name of facility, or street address if not a facility

**HERNANDO** 

**BROOKSVILLE** 

OAK HILL HOSPITAL

**Phone Number** 

Name and Address of Funeral Home/Direct Disposal Establishment

Fla. Lic. No./Reg. No.

TURNER FUNERAL HOMES, CREMATORY & CEMETERY - SPRING HILL F078977 14360 SPRING HILL DR

F078977

(352) 796-9661

SPRING HILL, FLORIDA, 34609

Funeral Director/Direct Disposer

STEVEN M. DUNN

Fla. Lic. No./Reg. No.

F046798

2.

#### **BURIAL - TRANSIT PERMIT**

The Florida Department of Health, Bureau of Vital Statistics hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

**Permit Number:** 

2015-F078977-5184

Date Issued:

August 11, 2015

State Registrar

#### AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION 3.

**Authorization given by Medical Examiner District** 

Approval Number:

07333

4.

#### **CEMETERY OR CREMATORY**

Place of Disposition: Rural Cemetery, Southborough, MA

Sec.1-B, Lot C-2, Grv#1A

Method of Disposition: Burial of cremated remains

Date of Disposition: October 17, 2015

EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326E, 10/12



#### State of Florida, Department of Health and Rehabilitative Services, Vital Statistics

#### APPLICATION FOR BURIAL — TRANSIT PERMIT

A.	(Type or Print)								
1.		irst	Middle	Last		DATE	Month	Day	y Year
	Deceased Mary	7	F.	Biondi		OF DEATH	March	9	1990
2.	Place of Death County	City, Town or Lo	cation	Name of Hosp. or	(If neither, gi	ve street a	ddress)		
	Broward	Fort Laud	erdale	Inst.	North	Beach E	lospital	L	
3.	Name of Medical Certifier		Medical Examiner		Address			Phon	ne Number
	George Azar, 1	M.D.	X Physician 6405	N.Federal Hi	ghway, F	t.Laude	rdale,	F1.	938-0037
4.	Name of Funeral Home/ Direct Disposer		Address 4343 N. Feder	al Highway	Fla. Lic. No.	/Reg. No.	Phone Nur	mber (	Area Code)
	Baird-Case	Funeral Homes	Ft.Lauderdale		407		305	492-4	000ء
5.	Check a Appro- priate	The medical control this application	ertification has been co	mpleted and sign	ed. A compl	eted certif	icate of de	eath a	ccompanies
	Box b	EX Dr. Az	zar		was c	ontacted c	on3-12	<u>2-90</u>	within 72
			Azar was contacted on 3-12-90 with death. He/she verified that this death was from natural causes, that there was no acternal cause of death, and that He will contact with the will contact with the will contact with the was represented by the will contact with the was represented by the was contacted on 3-12-90 with the was represented by the was contacted on 3-12-90 with the was represented by the was contacted on 3-12-90 with the was represented by the						
			edical certification of ca						•
	С			V	vas contacte	d on	H	e/she	verified that
					, Medic	al Examine	er, will con	nplete	and sign the
_		medical certific	ation.						
6.	Place of Rural Cem	<u> </u>	state cemetery/				moval m state	_	☐ Donotion
_	Final Disposition: South	MYCO	matory - name/county:	a FF	. No./Reg. No			Date S	Donation
۲.	Funeral Director/ Direct Disposer Antho	ony J. Ceraso	enthony k.	Ceraso	FE3192	<b>,</b> .			10,1990
=			70						
B.			BURIAL - TRAN	SIT PERMIT		D	mit No	407 <b>-</b> 0	1892
	Permission is hereby gra	anted to dispose of thi	is body.			Per	mit No		
Ē	A five day extension of	f time for filing the de	ath certificate (exclusive	e of weekends) h	as been requ	uested and	granted	as und	lue hardship
	would result from filing v Disposer Report" will be					ea time iin	nit, a "Fune	erai Dir	ector/Direct
[	☐ No extension of time for			.,o., ucum cou					
	Registrar or	5	- Dian	Date	March 12	1000	Date Certif	icate	
	Subregistrar Signature	grantes -	Joseph, Jul	Issued:	march 12	<u>, 1990</u> [	Jue:		
=									
C.		AUTHORIZATION	I for CREMATION, DI	SSECTION or E	BURIAL—AT	-SEA			
	Signature		, Medica	al Examiner [	Date				
	or Medical Examiner,		gave a	uthorization by tel	lephone to _				
	•		Funeral Director/Dire	act Disposer	Date				
	The Medical Examiner's death is required for all cr	The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.							
D.			CEMETERY OR (	CREMATORY					
	Methods of Disposition:		Diago of Dia			Rı Sout!	ural Ce hboroug	mete h. M	ry ass.
	X BURIAL	☐ STORAGE		Place of Disponents  Date of Disponents		7//4/		19	<u></u>
-		☐ OTHER (Specify)	2 1	Date of Dispo		11/11/	<u> </u>	-//	<u> </u>
ì	Signature of Sexton T			1	1	•			
/	or Person-in-Charge)	Judge	FC2 Fills	ned (Si)	T. )				
	<del></del>		<i>()</i>	/				·	
	This permit must be endeand returned within 10 day	lorsed by the Sexton ys to the local HRS Co	or person-in-čharge (o ounty Public Health Unit	r by the Funeral I in the County who	Director/Dire ere dispositio	ct Dispose n occurre	er when th d.	nere is	no Sexton)

HRS Form 326, Feb 89 (Replaces Oct 87 edition which may be used) (Stock Number: 5740-000-0326-2)

# INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION FOR BURIAL—TRANSIT PERMIT FORM

#### **APPLICATION FOR PERMIT**

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- 6. Indicate place of disposition; check appropriate box.
- 7. Requires signature of applicant, Funeral Director/Registration number, and date application signed.

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#### **BURIAL—TRANSIT PERMIT**

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#### Section D.

#### **CEMETERY OR CREMATORY**

Requires: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton); appropriate box checked to indicate method of disposition; date of disposition; place of disposition.

321-768-1856

FTHD FUNERAL HOME

PAGE 02/02

Bridget A., Gilleney-DeCenzo Guago Kithilim DeCongo

Received and filed in the Office of the Town Clerk Sept. 30, 2004 4pm State of Florida, Department of Health, Vital States of APPLICATION FOR BURIAL - TRANSIT PERMIT

Α.	(IYPE)				r <sub>j</sub> at	ir J. berry, lown	cter			
1,	Name of	First	Middle	Last	Date	Month Day	Year			
	Deceased	Allison	R.	Booth	of Death	March 27, 2004				
2.	Place of Death	City, Town o	or Location	Name of (If neith	ner, give street address)					
	County Brevard	Melbou	rnę	Hosp. or Inst. Atlantic Shores						
3.	Name of Medical		Address			Phone Number				
	Certifier Raymond Medi	<b>Adami.ck</b> ical Examiner <b>XX</b> Phy	sician 5303 Bal	bcock Street NE	Palm Bay, Flor 32905	rids 321- <b>828-9</b> 009				
4.	Name of Funeral Home.	Direct Disposal	Address		Fla. Lic. No./Reg. No.	Phone No. (Area Code)				
	Establishment	and the same of	7303 Babcock S							
	Fountainhe:		Palm Bay , Flo		FH1442	321-727-3977				
5.			certification has been co	empleted and signed. A	completed certificate of	death accompanies this				
	Appropriate	application.								
	Box									
	ţ	Nelin		wa	s contacted on Marcel	29, 2004				
		ne/sne verii.	ed that this death was m	om natural causes, that t		or other external cause of dea				
		cartification	r. Raymond Adam of cause of death within	nick	W	Il complete and sign the me	edical			
	d	-	O: Cades of dedit Mittill		tad on	) da dalis				
	•	· L.J		was contac	THE R. P. LEWIS CO., LANSING, MICH.	He/she verified aminer, will complete and sig				
		medical cert	ification of cause of deat	h within 72 hours.	, Wiculda Ex	animier, will complete and sig	an the			
3.	Funeral Directors		nature		/Reg. No.	Date Signed				
-	Direct Disposes	MANN KER		FE599:		March 30, 2004				
	been contacted by the 72 hours.	e funeral director and w	he death certificate (exc	e the medical certification	been requested and	t North 442-85-04 granted since the physician iton of the death certificate w Date Certificate Due;	has ithin			
).		AUTHORIZ	ATION for CREMA	TION, DISSECTION	, or BURIAL-AT-S	EA				
	Approval Number:	104 64	<del>188</del>	Date	apr. 15 2	2004	-			
	Medical Examiner,		. 6	ave authorization by tele	enhane to STICAN	PIERCE				
			Funeral Director/Di		Date (10)	1 0 0 = //				
	The Medical Examiner's required for all cremation		ned before disposal by a	ny of the above methods		hours after death is				
),		FOR F	UNERAL DIRECTO	DR/DIRECT DISPOS	ER USE ONLY					
	Nata Burial Transit Com	it Inink nows to	with Laget Durateles							
	Date Burial-Transit Perm Date Temporary Certifica									
	Date Permanent Certification									
	Follow-up efforts & activi									
	Name and place of dispe		es voitauted).							
	Funeral Director/Direct D	***************************************	Yes	No Date	Filed:		-			
		· · · · · · · · · · · · · · · · · · ·			1 11-2-4-4-					

I hereby certify that the cremated remains of Allison R. Booth were buried at Rural Cemetery Southborough, MA in Lot No.15, Sec. D, & in Grv#1A on Sept.21, 2004 FUNERAL DIRECTOR/DIRECT DISPOSER COPY

ODDI ( ATTO		A
CREMATIO	N CERTIFICATE	50U (10)
THE TRUE	2-4- HAVI OC 0010	
East Bay Cremton 3uc.	Date	
East Bay Crematory, Inc. C	ertifies that the Burial Permit and	
Certificate of the Medi cremation of the body of _	cal Examiner prerequisite to the	
who died on JUNE 22,201	2 have been duly presented.	
	East Bay Crematory, Inc.	
	East Providence, R.I. 02914	
	401-438-1135	
Cremation No. 12-8483	Cremation Date 7-3-12	18888831

I hereby certify that the cremated remains of Eleonora F. Burke accompanying this certificate was disposed of in accordance with it's terms.

At	Rural Cemetery	Town	Sou	thborough	ı, MA	
on	August 11, 2012	Final Dispo	sition	C-West.,	Lot 53N,	Grv#2A
Cert	citied by	11-184			•	
	Cemetery Super	dvísor		٠		

#### 6039262057

TOWN CLERK'S OFFICE

### PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM BT-1, 12/2010						2011 APR 5 A 11		
	'ATE OF NEW HAMP BURIAL TRANSIT PE			1. BURIAL PER		2011 APR 5 A 11: 1 SOUTHBOROUGH, MA		
	ME (First, Middle, Lest)	4. SEX FEMALE	4. SEX 5. DATE OF DEATH (Month, Day, Year)					
6. AGE 82 Years	7. DATE OF BIRTH (Month, Day, Year) AUGUST 25, 1928	8. CITY, TOWN, OR LOCATION OF DEATH PORTSMOUTH				9. COUNTY OF DEATH ROCKINGHAM		
10. METHOD OF DIS	SPOSITION (1.Burial 2.Temp. Entombment	3. Cremation 4.0	Donation 5. Mausoleum	6.Other):		CODE: 1		
11. PLACE OF DISPO	OSITION (Name of cemetery, crematory or of	ther place)	RURAL CEME	TARY				
12 LOCATION (City	/Town; State) SOUTHBOROUGH, I	MA						
13. DATE OF DISPO	SITION (Refer to 19a) MARCH 26,	2011						
14. IF ENTOMBED (C	OR CREMATED) PLACE OF FINAL BURIAL				·······			
15. LOCATION OF FI	NAL DISPOSITION (City/Town, State)							
. A	CERTIFICATE OF DEATH, HAVING BEEN F	ILED AS REQUI	RED BY THE LAWS O	F THS STATE, PE	RMISS	ION IS HEREBY GIVEN TO:		
16. FUNERAL DIREC	TOR ROBERT K GRAY JR				17. N	I.H. LIC. NUM ONLY 794		
18. NAME AND LOCA	ATION OF FACILITY (City/Town, State)	ROBERT	K GRAY JR FUNER	RAL HOME, HAI	VIPTO!	N. NH		
19. COUNTER SIGNE ROBERT K GR	ED AGENT(City Board of Health/Sub-Register  VAY JR	rifapp.)	20. CITY/TOWN PORTSMOUT	н		21. DATE ISSUED (Month, Day, Year) MARCH 23, 2011		
	CEMETERY OR STORAGE V	AULT AUTHORIT	TY SHALL FILL OUT SI	PACÉ BELOW WI	HEN AF	PLICABLE		
22. IF STORED, BOD	Y WAS PLACED IN (Name of Storage Vault)	) 23. D	ATE STORED (Month,	Day, Year)	24. CП	TY/TOWN, STATE		
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT 26. DATE ISSUED (Month, Day, Year)								
	CEMETERY OR	CREMATORY AL	UTHORITY SHALL FILE	OUT SPACE BE	LOW			
27. TYPE OF DISPOSITION (Cremated, buried, etc.)  28. DATE OF DISPOSITION (Month, Day, Year)					29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) Rural Cemetery			
Bu	ried	3/26/	2011			Southborough, MA		
30. SECTION F 31. GRAVE NO. 17 32. SIGNATURE OF SEXTON OR PERSON IN CHARGE								
This permit, after bein	ng signed by the Sexton or person in charge (	or by the Funeral	Director where there is	no Sexton) must t	be forwa	arded within six days to		

RECEIVED

7015 AUG | | P 3: | |

SOUTHBORDUCH, HA

BURIAL - TRANSIT PERMIT RHODE ISLAND DEPARTMENT OF HEALTH Pennit number DATE OF DEATH (Month, day, year) MIDDLE LAST SEX DECEASED - FIRST NAME Burke Kevin Male PLACE OF DEATH (City or town, standard Kingstown, PLACE OF DISPOSITION (Name of RACEWhite PERMIT MUST Rhode Island
connetery, crematory or other place) CITY OR TOWN BURIAL CREMATION, DONATION, OTHER (Specify)
Burial of cremated remains
Sec.C-West, Lot 53n, Grv#1A DESTINATION Rural Cemetery Southborough, MA FUNERAL HOME, LICENSEE FUNERAL HOME - Name and Address (Street or R.F.D. Number, City or Town, State, Zip Code) **SEXTON** must return permit to City or Town, Clerk at Place of Disposal on Fifth of Next Month Avery—Storti 88 Columbia st Wakefield, RI02879 at (see Reverse Side) referral to the Medical Exampler is NOT required, and that permission is hereby grant S-18-2015 Sec.C-West, Lot53 August 8, 2015 THIS PERMIT VALID ONLY IF SIGNED BOTH BY THE PHYSICIAN AND BY FUNERAL HOME LICENSEE SEE OTHER SIDE

Received and filed in the Office of the Town Clerk Mar. 1, 2005 10:00am

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION Paul J. Berry, Tow FORM BT-1, 1/96 STATE OF NEW HAMPSHIRE 1. BURIAL PERMIT NO 2. CITY OR TOWN **BURIAL TRANSIT PERMIT** 3. DECEDENT'S NAME (First, Middle, Last) 4. SEX 5. DATE OF DEATH (Month, Day, Year) CHARLES LOWELL BURNETT MALE **FEBRUARY 18, 2005** 6. AGE 7. DATE OF BIRTH (Month, Day, Year) 8. CITY, TOWN, OR LOCATION OF DEATH 9. COUNTY OF DEATH 85 Years MARCH 20, 1919 **EXETER ROCKINGHAM** 10. METHOD OF DISPOSITION: 11. PLACE OF DISPOSITION (Name of cemetery, 12. LOCATION 13. DATE OF DISPOSITION 1. Burial 2. Temp. Entombment crematory or other place) (City/Town, State) (Refer to 19a) 3. Cremation 4. Donation **BREWITT CREMATORY** EPPING, NH FEBRUARY 21, 2005 5. Mausoleum 6. Other 14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL 15. LOCATION (City/Town, State) CODE: 3 ACCERTIFICATE OF DEATH HAVING BEEN FILEDIAS/REQUIRED BY THE FAVOR THRISTATE PERMISSION IS HERERY GIVEN TO 17. N.H. LIC. NO ONLY 18. NAME AND LOCATION OF FACILITY (City/Town, State) 16. FUNERAL DIRECTOR 815 BREWITT FUNERAL SERVICE AND CREMATORY, EXETER, NH MIGUEL J BREWITT 19. COUNTERSIGNED AGENT (CITY BOARD OF 21. DATE ISSUED (Month, Day, Year) 20. CITY/TOWN HEALTH/SUB-REGISTER if app.) **EXETER FEBRUARY 18, 2005** THOMAS BREWITT CEMETERY OR STORAGE VALLE AUTHORITY SKALL FILLT GOT SPACE BELOW WHEN APPLICABLE 23. DATE STORED (Month, Day, Year) 24. CITY/TOWN, STATE 22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault) 25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT 26. DATE ISSUED (Month, Day, Year) WEBSTERVORGREAMATERY AUTHORY SHARL FILSOUS SPACERELOW 29. NAME AND LOCATION OF CEMETERY OR 28. DATE OF DISPOSITION 27. TYPE OF DISPOSITION (Cremated, buried, etc.)

(Month. Dav. Year)

This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton)/must be forwarded within six days to

2/25/05

32. SIGNATURE OF SEXTON OF PERSON IN CHARGE

VAULT (Citv/Town, State)

Southborough.

Burnett Burial Park

Buried in Urn made of wood 18"x 12"x8"

31. GRAVE NO.

north of

Cremated remains were buried

in Burnett Burial Park

the clerk of the town in which the disposition takes place.

30. SECTION

North West cnr

Person making arrangements Barbara Kantner

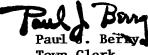
Supervisor in Charge

Received and filed in the Office of the Town Clerk

PAGE 02 July 25, 2003 2:00pm

**CREMATION PERMIT** VS-45 Revised 6/7/96

## STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH VITAL RECORDS SECTION



SIGNATURE (Funeral Director)  SIGNATURE (Petitioner Member of Family)  PERMIT  A Cremation Certificate having been executed, permission is hereby given to cremate the remains of the deceased named above.  SIGNED (Registra of Vital Societies)  Ass  CREMATION  This is to certify that the remains of the deceased named above was cremated.		viini keet	ADS SECTION	lown Clerk
REQUEST  SS Lot of Mill Political Back Stand Sta		REQUEST FOR PERMISSION TO CREMATE THE RE	MAINS OF (Name of Decedent)	SEX AGE
REQUEST  SS Ve L VI PA North Back AT  WHO DIED IN (Town)  SIGNATURE (Fundamental Member of Finally)  SIGNATURE (Fundamental Member of Finally)  A Cremention Cortificate having been executed, permission is beauty given to cremate the remains of the decessed named above.  ASS  CREMATION  This is to certify that the remains of the decessed named above was cremated.  SEP 25 2001  SIGNATURE (Superintendent or person is charge of crematery)  FURTHER GREEN SENCICETY ASSOCIATION  789 ELLA GRASSO SOULEVARD  NEW HAVEN, CT 06519  CREMATION PERMIT MUST BE RETURNED TO REGISTRAR OF VITAL STATISTICS OF TOWN WHERE DEATH OCCUM-	•		<del>/-</del> ·	1.
SIGNATURE (Publicant Member of Family)  A Cremation Certificate having been executed, permission is hereby given to cremate the remains of the deceased named above.  ASS  CREMATION  This is to certify that the remains of the deceased named above was cremated.  AT PRIME (Publicant Member of Family)  AT PRIME (Publicant Member of Family)  ASS  CREMATION  This is to certify that the remains of the deceased named above was cremated.  AT PRIME (Publicant Member of Family)  AT PRIME (Publicant Member of Vital Societies)  AT PRIME (Publicant Member of Family)  AT PRIME (Publicant Member of Vital Societies)  AT PRIME (Publicant Member of Family)  AT PRIME (Publicant Member of Vital Societies)  AT PRIME (Publicant Member of Vital Societies)	request	SS Note Hill,	Rd. North 8	
PERMIT  A Cremention Certificate having been executed, permission is hereby given to cremate the remains of the deceased named above.  CREMATION  This is to certify that the remains of the deceased named above was cremated.  AT CREMENT CENTERY ASSOCIATION  TOP BILLA GRASSO BOULEVARD  NEW HAVEN, CT 06519  CREMATION FERMIT MUST BE RETURNED TO REGISTRAR OF VITAL STATISTICS OF TOWN WHERE DEATH OCCUR		North Brantors	9	/2/61 5:50 XM
A Cremation Certificate having been executed, permission is benefit given to cremate the remains of the deceased named above.  CREMATION  This is to certify that the remains of the deceased named above was cremated.  AT Observed Research ASSOCIATION  Together CREMATION TO SIGNATURE (Superintendent or person in charge of crematory)  The HAVEN, CT 06519  CREMATION FERMIT MUST BE RETURNED TO REGISTRAR OF VITAL STATISTICS OF TOWN WHERE DEATH OCCUR.		SIGNATURE (Funeral Director)	Milipm. 6	)
CREMATION  This is so certify that the remains of the decessed named above was cremated.  AT OFFICE OFFICE ASSOCIATION FVER GREEN CENTERY ASSOCIATION 769 ELLA GRASSO BOULEVARD NEW HAVEN, CT 06519  CREMATION PERMIT MUST BE RETURNED TO REGISTRAR OF VITAL STATISTICS OF TOWN WHERE DEATH OCCUM	PERMIT	permission is bereby given to cremate the remains of the		Ass't.
769 ELLA GRASSO BOULEVARD NEW HAVEN, CT 06519  CREMATION PERMIT MUST BE RETURNED TO REGISTRAR OF VITAL STATISTICS OF TOWN WHERE DEATH OCCUR	CREMATION	above was cremated.		
	·	769 ELLA GRASSO BOULEVARD		
Under CGS Soc. 19a-322 & 19a-323, as amended	CREMATION PE	RMIT MUST BE RETURNED TO REGISTRAR (	OF VITAL STATISTICS OF TOWN	WHERE DEATH OCCURRE
·	Under CGS Sec. 19+3	22 & 19a-323, as amonded		
Name of Cemetery Burnett Burial Park Southborough, MA			<u> </u>	

Gilleney (

Bridget A.

Relation Daughter

#### BREWITT CREMATORY C. REPORATION

9 Pleasant Street, Epping, NH 03042

# Burial Certificate

FOR
THE CREMATED REMAINS

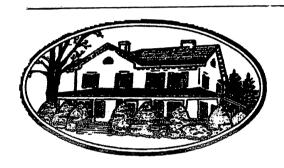
RECEIVED
TO NOT BELLEVES OF FIGH

2813 APR -2 A 9: 5

SOUTHBOROUGH.



Name	Mathilde Burnett	No. 3453
14and	This certificate should accompany the remains	estination.



# Brewitt Crematory 9 PLEASANT STREET EPPING, NEW HAMPSHIRE

**CREMATION CERTIFICATE** 

l hereb	y certify that the burial permit and the medical examiner's certificate prerequisite to
cremat	ing the body ofMathilde Burnett
late of	Exeter, NH have been duly presented, the
	howing that death occured at 11:00 A.M. on March 20, 2013
and	Dementia as cause thereof
Age	Date of Cremation 3/22/13 Cremation Number 3453
Date	March 22, 2013
	Brewitt Crematopy
	I hereby certify that the cremated remains of Mathilde Burnett  Accompanying this certificate was disposed of in accordance with it's terms  At Rural Cemetery Town Southborough, MA
	on March 30, 2013 Final Disposition Burnett Burial Park
	Certified by

ia <u>l Date 6/21/03 L</u>	oc. N.E corner of Burnett Burial Park	k Cem. Supr Rudast & gilling
REG-21 Revised, 3/97	State of New Jersey BURIAL, CREMATION, OR TRANSIT PE	RMIT (See instructions on reverse side)
City, Borough, or Township	Westfield n.f.	Date of Issuance
	Certificate of Death having been filed with the, as required by the laws or the transportation, removal, burial, cremation, or other final depos	
Name of Deceased Phelia	Mason Burett	Age Sex Male
Place of Death (municipality)	Date of Death	Time of Death    2:36   Harm   pm
Cause of Death Recent	aco James I	4
Proposed Place and Method of Fin	Men. Park City Southboro	☐ Cremation ☐ Burial ~ CREMA. ☐ Entombment
Transportation by Common Carrie	or/ If Yes, Name of Carrier ☐ Yes Æ No	(
Name and Address of Funeral Hor	Fuxual Home	4
Signature of Registrar of Vital Sta	Broad Street, Westfield,	n.f.
7115 1 50 41	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

PENALTY FOR DISPOSAL WITHOUT PERMIT \$50 to \$100.

**Ø**G5632



#### STATE OF NEW JERSEY

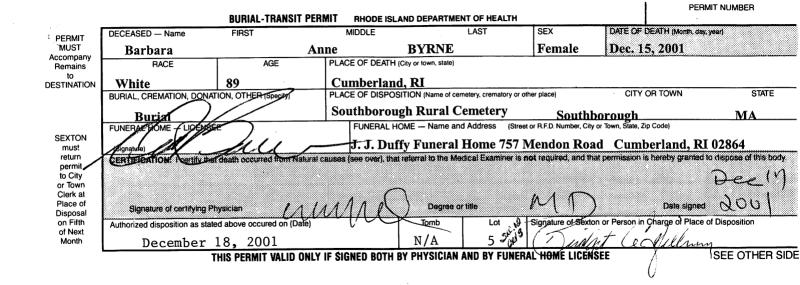
# BURIAL, CREMATION, OR TRANSIT PERMIT

State law requires that no person shall cremate a dead human body unless at least 24 hours have elapsed from time of death listed on death record.

Philip Mason Burnett	
(NAME OF DECEASED)	
June 21, 2003	
(DATE OF BURIAL OR ENTOMBMENT)	
	M
at	M
(DATE AND TIME OF CREMATION)	
Devolat (Allama	
(SIGNATURE OF SUPERINTENDENT OF CEMETERY OR CREMATORIUM)	
V	_

This permit must be delivered to the superintendent of the cemetery or crematorium where burial, entombment, or cremation is to take place, who should fill in the spaces above and forward it within ten days to the Registrar of Vital Statistics, of the district in which the cemetery or crematorium is located.

When burial takes place in a cemetery which has no person in charge, the spaces above should be filled in by the funeral director, who should write "no person in charge" on the line for signature of superintendent of cemetery and file the permit with the Registrar of Vital Statistics, of the district in which the cemetery is located. The law requires that this be done within ten days after burial.



"FUNERAL HOME LICENSEE": The burial-transit permit is required for any manner of disposition of a dead body, including interment, storage, cremation, and transportation. A certificate of cremation must also be obtained from the medical examiner for any

body which is to be cremated.

When used as a transit permit for transportation by common carrier, this permit or a duplicate thereof should be enclosed in a strong envelope attached to the shipping case. No separate transit permit is required. Before shipment by train or express, the body must be embalmed; or if this is not practicable, must be enclosed in a tightly sealed outer case.

SEXTON: It is unlawful for any sexton, or other person in charge of a burial place, to permit burial or other disposition of a dead body before a burial-transit permit is deposited with him. In Rhode Island, all permits must be preserved and forwarded to the City or Town Clerk where the burial takes place on the fifth day of the month next succeeding.

10/31/02 Pg.56-R Sec.1-C, LotD-3, Grv#38, Merrill/Carleton F.H., Granite Urn-loc under grv. mrkr

## Received and filed in the Office of the Town Clerk Nov. 13, 2002 11am

		BURIAL-TRANSIT PER	MIT RHODE IS	LAND DEPARTMENT OF H	EALTH		P	ERMIT NUMBER
PERMIT	DECEASED — Name	FIRST	MIDDLE	LAST		SEX	DATE OF DEATH (Month.	day, year)
MUST Accompany	DEBRA E		LEN	BYRNE		Female	JUL 5 2	002
Remains	RACE	AGE	PLACE OF DEATH	(City or town, state)				
to DESTINATION	White	48	Burr	illville	RI			
	BURIAL, CREMATION, DONAT	ION, OTHER (Specify)	PLACE OF DISPO	SITION (Name of cemetery, cre	matory or off	her place)	CITY OR TOWN	STATE
	Cremation		Rural	Rural Crematory Worcest				MA
	FUNERAL HOME - LICENSE	E	FUNERAL	HOME — Name and Addres	S (Street	or R.F.D. Number, City of	r Town, State, Zip Code) MA	, 01749
SEXTON must	(Signature) Honry K.	Carleton &	Merr	ill-Carlet	on F	. н. 1 г	Pleasant S	t, Hudson
return permit to City or Town Clerk at Place of Disposal	CERTIFICATION: I of rify that	UM.	auses (see over), (h	at referral to the Medical Exe MD Degree or title	uniner is n	ol required, and that	permission is hereby gran	i/oz
on Fifth of Next	Authorized disposition as state			L		Signature of Sexton	or Person in Charge of Pla	ace of Disposition
Month	October	c 31, 2002		Sec.1-G D-			MAUTCH	LIVEINIE 1
	T	HIS PERMIT VALID ONLY	IF SIGNED BOTH	BY PHYSICIAN AND BY	FUNER/	AL H <del>OME LI</del> ČENS	EE /	SEE OTHER SIDE
	Burial of o	remated re	mains o	ccured on	10/	31/02	(/	, ,

# State of Florida, Department of Health, Philadelics BURIAL TRANSIT PERMIT

**ALTH** 

DATE PRINTED: August 24, 2017

SOUTHBOROUGH, MA SOUTHBOROUGH, MA 2017126368

1. DECEDENT INFORMATION
Name of Deceased

Name and Address of Funeral Home/Direct Disposal Establishment

COVELL FUNERAL HOME & CREMATION SERVICES F041194

Date of Death

ROBERT R COX

City, Town or Location

August 5, 2017

Place of Death - County

...,

Name of facility, or street address if not a facility

MANATEE

BRADENTON

MANATEE MEMORIAL HOSPITAL

Fla. Lic. No./Reg. No.

Phone Number

F041194

(941) 739-5500

4232 26TH ST W

BRADENTON, FLORIDA, 34205

Funeral Director/Direct Disposer

SALVATORE W. CORIALE

Fla. Lic. No./Reg. No.

F042468

2. BURIAL - TRANSIT PERMIT

The Florida Department of Health, Bureau of Vital Statistics hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

Permit Number:

2017-F041194-5170

Date Issued:

August 8 2017

State Registrar

3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District

12

Approval Number:

C17-04033

4. CEMETERY OR CREMATORY

Place of Disposition: Rum Common Sworthmuse/ MA

Method of Disposition: Common Sucras SEC. 18, Lor 59A, CLU 44 Date of Disposition:

Auc. 31, 2011

EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326E, 10/12

TOWN RECEIVED

TOWN OFFICE

2016 OCT -6 P 1: (0)

SOUTHBOROUGH, MA

			······································			
	BURIAL TRANSIT P	ERMIT RHODE	EISLAND DEPARTME			Permit number
	DECEASED FIRST NAME	MIL	DLE	LAST	SEX	DATE OF DEATH (Month, day, year)
	Doris	<del></del>	ouise	CAMERON	Femal	E SECTEMBEN 5, 2011
PERMIT MUST	HACE White		PLACE OF DEATH (G	and, khode	Islan	d CITY OR TOWN STATE
Remains to	BURIAL, CREMATION, DONATION, OTHER (Specif	<b>y</b> )	PLACE OF DISPOSIT	ON (Name of cemetery, crem	exary or parer t	MICE CITOR TOWN STATE
DESTINATION	, Cremation					Cranston, RI
SEXTON must	FUNERAL HOME - LICENSIA	D.	FUNERAL HOME - N	ame and Address (Number, S	treet name, Cit	y or Town, State, and Zip Gode)
etum permit to		7 <i>]/</i> 2./ E	Butterfie	ld Home and	Chap	el, inc02910
City or Town	Sighery All Land / Land Miles	184 -185 F	ian Danti	ar Avenne (	ranst	on, knode igrand
Clerk at Place of Disposel on Fifth	CEMPTON PEND THE PROPERTY TOWN	aturar causes, the	t (888 Reverse Side) 13	ifematito the Medical Examinit	r is NOT requir	ed and that permission is thereby gramed to
A A Second of Next Month	dispositive body.	<u> </u>				Charles and the second
	Signature 411			Degree or title	/D	ate signed Dell'Engen 7, 201
	Authorized disposition 4s state aparts of comes on (D	odte) - Temb		Lot Vegon	ature of Sexton	or Person in Charge of Place of Disposition
			•			ر بران بران بران بران بران بران بران برا
	1 7.10.16				True.	
	THIS PERMIT VALID ONLY IF SH	GNED BOTH BY	THE PHYSICIAN AND	BY FUNERAL HOMBLICEN	SEE	f i see outle sine
		. 7		, <del>,</del> >		•
Lac.	to at distantial Linas	i Cense	TEN, Sa	verflundert, 7	1/4	
_				<u>'</u>	ec 4.	
MET	HOD OF DISTORTION DUR	IAL OF	CREMATED	REMAINS L	T 16B	6RV. 3A
\						•
	or disharmed line	BER 8,0	2016		<del></del>	
Gust	Fred & 3.6	e Allen	n-)4 C.	mount Ase	WT	
CACI	1160 -1	Tool				7

## PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM BT-1, 12/2010								_			
STATE OF NEW HAMPSHIRE							1. BURIAL PERMIT NO FINANCIA (FINANCIA)				
BURIAL TRANSIT PERMIT						]	2. CITY OR TOWN				
DECEDENT'S NAME (First, Middle, Last)     DONALD CATINEAU							4. SEX MALE		TE OF DEATH (Mon NUARY 12, 2015	h, Day, Year)	0 -
6. AGE	7. DATE	OF BIRTH (Month, Day, Year)	8. CITY	, TOW	N, OR LOCATI	ON OF D	EATH	9	O. COUNTY OF DEA	TH	111
53 Years MAY 9, 1961 SWANZEY									CHESHIRE		·
10. METHOD OF E	DISPOSITION	(1.Burial 2.Temp. Entombmen	t 3. Cremation	on 4.Do	onation 5. Maus	soleum 6	.Other):		CODE: 1		
11. PLACE OF DIS	SPOSITION (	Name of cemetery, crematory or o	other place)		RURAL (	EMETE	RY				
12. LOCATION (C	ity/Town, Sta	te) SOUTHBOROUGH,	MA								
13. DATE OF DISP	POSITION (R	efer to 19a) JANUARY	19, 2015								
14. IF ENTOMBED	(OR CREMA	ATED) PLACE OF FINAL BURIAL									
		POSITION (City/Town, State)									
**************************************	A CERTIFIC	ATE OF DEATH, HAVING BEEN	FILED AS F	REQUIR	ED BY THE LA	WS OF	THS STATE, P	ERMISS	ON IS HEREBY GIV	EN TO:	e. Marie e di
16. FUNERAL DIR	RECTOR	CARL A MICHAUD						17. N	I.H. LIC. NUM ONLY	843	
18. NAME AND LO	OCATION OF	FACILITY (City/Town, State)	MIC	HAUD	FUNERAL H	OME LL	.C, WILTON,	NH			
CARL A MIC	CHAUD	T(City Board of Heath/Sub-Regist			20. CITY/TO\	EY			21. DATE ISSUED  JANUARY 16	•	ear)
in the profession		CEMETERY OR STORAGE	VAULT AUT	HORIT	Y SHALL FILL	OUT SP	ACE BELOW V	VHEN AF	PPLICABLE		
- the man and a state and a section		LACED IN (Name of Storage Vau			ATE STORED (				TY/TOWN, STATE		
25. SIGNATURE (	OF SEXTON	OR PERSON IN CHARGE OF ST					E ISSUED (Mo		·		
		CEMETERY	R CREMATO	ORY AU	JTHORITY SHA	LL FILL	1				
27. TYPE OF DISPOSITION (Cremated, buried, etc.) 28. DATE OF DISPOSITION (Month, Day, Year) 29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State)											
Full Earth Burial 1/20/2015						Rural Cemetery Southborough, MA				MA	
30. SECTION		31. GRAVE NO.	32. SIGNAT	URE O	F SEXTON OF	PERSO	N IN CHARGE				
1	5	Lot -37B, Grv.1		$\frac{1}{2}$	1.5	XIII.	Mj - 1.	k.			
This permit, after the clerk of the to	being signed wn in which t	by the Sexton or person in charge the disposition takes place.	e (or by the l	Funeral	Director where	there is	no Sexton) mus	st be forw	varded within six day	<del>s t</del> o	

## PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

STA	TE OF NEW	1. BURIAL PERMIT NO.							
E	BURIAL TRAN	SIT PE	RMI	Т		2. CITY OR	TOWN		
3. DECEDENT'S NAME (First, Midd	le, Last)				4. SEX		5. DATE OF DEATH (Month, Day, Year)		
ANGELO A CERQUA					MALE		JULY 23, 2002		
6. AGE	7. DATE of BIRTH (Month, Day, Year)	)	8. CITY, TOV	WN, OR LOCATION	OF DEATH		9. COUNTY OF DEATH		
87 YEARS	FEBRUARY 22, 1915		KEENE				CHESHIRE		
10. METHOD OF DISPOSITION:	11. PLACE OF DISPOSITION (Nar or other place)	ne of cemetery, cr	ematory	12. LOCATION	(City/Town, State	)	13. DATE OF DISPOSITION (Refer to 20a.)		
Burial 2. Temp. Entombmer     Cremation 4. Donation	" RURAL CEMETER	Y		sоитнво	ROUGH, MA	<b>.</b>	JUL 26, 2002		
5. Mausoleum 6. Other	14. IF ENTOMBED (OR CREMATE	D) PLACE OF FIN	NAL BURIAL	15. LOCATION	(City/Town, State	)			
CODE: 1 A CERTIFICATE OF I	DEATH, HAVING BEEN FIL	ED AS REQU	IRED BY T	 HE LAWS OR	THIS STAT	E, PERMI	ISSION IS HEREBY GIVEN TO:		
16. FUNERAL DIRECTOR		17. N.H. LIC. NO	17. N.H. LIC. NO. ONLY 18. NAME AND LOC			TION OF FACILITY (City/Town, State)			
DAVID PURRINGTON		916	916 FLETCHER FUNERAL HOM			ME AND CREMATION SERVICES, KEENE, N			
19. COUNTERSIGNED AGENT (CITY BO	ARD OF HEALTH/SUB-REGISTRAR	20. CITY/T	20. CITY/TOWN 21. DATE			E ISSUED (Month, Day, Year)			
DAVID PURRINGTON			KEENE JULY 24, 20						
CEN	ETERY OR STORAGE VAU	TAUTHORI	TY SHALI	L FILL OUT S	PACE BELO	W WHEN	APPLICABLE.		
22. IF STORED, BODY WAS PLAC	ED IN (Name of Storage Vault)	23. DATE	23. DATE STORED (Month, Day, Year) 24. CITY			TY/TOWN, STATE			
25. SIGNATURE OF SEXTON OR I	PERSON IN CHARGE OF STORAGE \	/AULT	ULT 26. DATE I			ISSUED (Month, Day, Year)			
	CEMETERY OR CR	EMATORY A	UTHORU	Y SHALL FIL	L OUT SPAC	E BELO	X		
27. TYPE OF DISPOSITION (Crem: Burial	ated, buried, etc.)		26, 20	(Month, Day, Year)	29. NAME At (City/Town, S	<sup>itate)</sup> Rur	N OF CEMETERY, CREMATORY OR VAULT al Cemetery thborough. MA 01772		
Sec. 9, Lot 32A	Kula	N OR PERSON IN	Hilles	um					
This permit, after being signed by the disposition takes place.	he Sexton or person in charge (or by th	e Funeral Director	where there is	sho Sexton) must b	pe forwarded with	in six days to	the clerk of the town in which		

#### **READ CAREFULLY**

**OFFICIALS:** This burial-transit permit shall be issued only upon RECEIPT of a completed (SIGNED) death certificate - **Not Before.** In special emergencies telephone the Bureau of Vital Records (1-800-852-3345, extension 4655) for instructions.

**FUNERAL DIRECTORS:** The burial-transit permit is required for any manner of disposition of a dead body including interment, storage, cremation and transportation. A permit is required whenever a funeral director is to dispose of the fetus when a fetal death has occurred. When the fetal death has taken place in a hospital the funeral director will obtain the burial permit from the director of medical records at the hospital. The burial permit is attached to the hospital's fetal death report as a removable stub to be used as needed.

When used as a transit permit for transportation by common carrier, this permit or a duplicate thereof shall be enclosed in a strong envelope attached to the shipping case. No separate transit permit is required.

Embalming of the body of a deceased person is only required by law if the body is to be **exposed** to the public for more than twenty-four hours. (RSA 325:40-a) Embalming for shipping purposes prior to cremation is common practice but not required by state law.

**CREMATION:** When the body is to be cremated, 48 hours must elapse before cremation can take place and a separate cremation permit (VS MR) must be obtained from the medical examiner and submitted to the crematory with the burial permit (RSA 325-A-3). This does **not** mean that all bodies must be embalmed in order to be cremated. This permit does **not** need to follow **cremains** to their final disposition.

**SEXTON:** It is unlawful for any sexton, or any other person having charge of a <u>burial</u> place to permit burial or other disposition of a dead body before a burial permit is deposited with him (RSA 290:5). All permits must be preserved and forwarded within six days to the clerk of the town/city of burial (RSA 290:6).

**DISINTERMENT:** This burial-transit permit is **not** to be used as a permit for disinterment. A separate permit is needed for this purpose (VS DT-1) which is obtained from and processed through the Bureau of Vital Records and Health Statistics.

**STORAGE:** When a body is to be stored this permit will be completed by the sexton where the body is entombed and forward by such person to the local Town/City clerk where storage vault is located. When the body is to be moved from entombment for final disposal, the funeral director shall obtain this **same** permit from the Town/City clerk and use it as the permit for permanent disposal.

#### PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM BT-1, 12/2010 STATE OF NEW HAMPSHIRE 1. BURIAL PERMIT NO 2. CITY OR TOWN **BURIAL TRANSIT PERMIT** 4. SEX 5. DATE OF DEATH (Month, Day, Year) 3. DECEDENT'S NAME (First, Middle, Last) PHYLLIS M CHENARD **FEMALE JANUARY 2, 2012** 9. COUNTY OF DEATH 8. CITY, TOWN, OR LOCATION OF DEATH 6. AGE 7. DATE OF BIRTH (Month, Day, Year) 90 Years **SEPTEMBER 12, 1921 GRAFTON HANOVER** 10. METHOD OF DISPOSITION (1.Burial 2.Temp. Entombment 3. Cremation 4.Donation 5. Mausoleum 6.Other): CODE: 1 11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) **RURAL CEMETERY** 12. LOCATION (City/Town, State) SOUTHBOROUGH, MA BORDUG 13. DATE OF DISPOSITION (Refer to 19a) **JANUARY 6, 2012** 14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL 15. LOCATION OF FINAL DISPOSITION (City/Town, State) A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO: 16. FUNERAL DIRECTOR 17. N.H. LIC. NUM ONLY **NANCY G MORRIS** 18. NAME AND LOCATION OF FACILITY (City/Town, State) MORRIS FUNERAL HOME, SOUTHBOROUGH, MA 21. DATE ISSUED (Month, Day, Year) 19. COUNTER SIGNED AGENT(City Board of Heath/Sub-Register if app.) 20. CITY/TOWN **JANUARY 2, 2012 CARL A MICHAUD HANOVER** CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE 22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault) 23. DATE STORED (Month, Day, Year) 24. CITY/TOWN, STATE 25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT 26. DATE ISSUED (Month, Day, Year) CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW 29. NAME AND LOCATION OF CEMETERY OR VAULT 27. TYPE OF DISPOSITION (Cremated, buried, etc.) 28. DATE OF DISPOSITION (City/Town, State) (Month, Day, Year) Rural Cemetery Buried Jan. 6, 2012 Southborough, MA 01772 31. GRAVE NO. 32. SIGNATURE OF SEXTONOR PERSON IN CHARGE 30. SECTION C-West This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.

DEPARTMENT OF HEALTH & FAMILY SERVICES Division of Health DOH 5045 (Rev. 09/96)

# REPORT FOR FINAL DISPOSITION OF A HUMAN CORPSE

STATE OF WISCONSIN Wis. Stats. Chap. 69

(Out of State Burial - Transit Permit)

Type or Print in Permanent Black Ink

NAME OF DECASED (PIRK Full Middle, Last)   2.5 Km   N   F   Nhite   91			·									
S. COUNTY OF DEATH WIS CONSTITUTION OF HOSPICEAND CAMEUS  R. PLACE OF DEATH (if in Hospital)  R. PLACE		• • •	e, Last)	•							4. AGE	
Wood   Wisconsin Rapids   Month   Mo			T	<del></del>		Шм	X F					
B PLACE OF DEATH (if in Hospital)    DOA from NH		OF DEATH	1	-				7. DATE & TI	ME PROI			in:
S. PLACE OF DEATH (in Hospital)   9. OTHER PLACE   10. NURSINS A NOWE   10. NURSINS A NOWE   10. COMPLETE MAILING ADDRESS   11. COMPLETE MAILING ADDRESS   13.0 Strawberry Lane, Wisconsin Rapids, WI 5449.   12. PERSON PRONOUNCING DEATH (Must be a physician, Coroner/MALE, or Deput) CHECK ONE:   13.0 Strawberry Lane, Wisconsin Rapids, WI 5449.   13.0 DID DEATH REQUIRE MOTIFICATION   13.0 IF YES, COUNTY OF INCIDENT   10. COMPLETE MAILING ADDRESS   10. COMPLETE MAILING ADDRESS   13.0 Strawberry Lane, Wisconsin Rapids, WI 54494.   13.0 DID DEATH REQUIRE MOTIFICATION   13.0 IF YES, COUNTY OF INCIDENT   NOTE: For reportable death see in to before release & embalming of body.   10. NAME OF MEMBERS   10	Wood		Wiscons:	in Rapids				1	•	4		
Inspat	8. PLACE OF	DEATH (if in Hospital)		9. OTHE	R PLACE		10. NURS			NOTE: If hospi	ce deat	occurred
Outpat   ER horn NH   ER horn Other   Res. of Deceased	Π	П <b>воле</b> вин		ভ	<b>-</b> -	1	1		-1	bed at a facility	, place	of death is
Tan NAME OF INSTITUTION OR HOSPICE AND CAMPUS   Tan COMPLETE MAILING ADDRESS   Tamily Heritage Med. & Rehab. Center   Tal S Strawberry Lane, Wisconsin Rapids, WI   54491							32	236	Į	other . If at no	me, plac	e is Treside
Family   Heritage   Med. & Rehab.   Center   130   Strawberry   Lane,   Wisconsin   Rapids,   WI   54494     12. PERSON PRONOUNCING DEATH (Must be a physician, Coroner/M.E., or Deputy) CHECK ONE:   Medical   Malling   Mallin												
12. PERSON PRONOUNCING DEATH (Must be a physician, Coroner/M.E., or Deputy) CHECK ONE:								Wiscons	sin Ra	pids. W	T	54494
NAME   David N. Crowther   ADDRESS   420 Dewey, Wisconsin Rapids, WI   54494										-		
13a. Did DEATH REQUIRE NOTIFICATION OF PROJECT OF INCIDENT   13b. IF YES, COUNTY OF INCIDENT   17b. IF YES, COUNTY   17	-			MAILING								
OF CORONER/MEDICAL EXAMINER?    Yes   M No   No   No   No   No   No   No										•		
Yes   X No     Yes   X No	OF COR						coroner/me	edical examine	r. For repo	rtable cases, r	neck wi otificati	in the count on must oc
Dr. Thomas A. Voelker    420 Dewey, Wisconsin Rapids, WI 54494     16. CAUSE OF DEATH (Heart disease, Cancer, Accident, Suicide, etc.) (Must be Complete for Out of State Transit)     17. DATE & TIME FUNERAL DIRECTOR NOTIFIED (Month, Day, Year)   Hour   Scientific Use [M] Burial   Cremation (Month, Day, Year)   February 3, 2002   11:55 PM   Entombment   Unknown   Pebruary 3, 2002   11:55 PM   Entombment   Unknown   Pebruary 3, 2002   23. STATE   Scientific Use [M] Burial   Cremation (Month, Day, Year)   Pebruary 9, 20   Expected PLACE of DISPOSITION (Month, Day, Year)   Pebruary 9, 20   Expected PLACE of DISPOSITION (Month, Day, Year)   Pebruary 9, 20   Expected PLACE of DISPOSITION (Month, Day, Year)   Pebruary 9, 20   Expected PLACE of DISPOSITION (Month, Day, Year)   Pebruary 9, 20   Expected PLACE of DISPOSITION (Month, Day, Year)   Pebruary 9, 20   Expected PLACE of DISPOSITION (Month, Day, Year)   Pebruary 9, 20   Expected PLACE of DISPOSITION (Month, Day, Year)   Pebruary 9, 20   Expected PLACE of DISPOSITION (Month, Day, Year)   Pebruary 9, 20   Expected Place Pl						1	before rele	ase & embalm	ing of bod	y		
16. CAUSE OF DEATH (Heart disease, Cancer, Accident, Suicide, etc.) (Must be Complete for Out of State Transit)  17. DATE & TIME FUNERAL DIRECTOR NOTIFIED (Month, Day, Year) February 3, 2002			sician, must have w	Visconsin license)				saonain	Danis	L	F 4 4	24
17. DATE & TIME FUNERAL DIRECTOR NOTIFIED   18. EXPECTED TYPE OF DISPOSITION   19. EXPECTED DATE OF DISPOSITION   19. EXPECTED DATE OF DISPOSITION   19. EXPECTED DATE OF DISPOSITION   20. EXPECTED PLACE OF DISPOSITION   21. CITY, VILL., TOWN   22. COUNTY   23. STATE   23. STATE   24. EXAMINER OF DISPOSITION   24. EXAMINERS DISPOSITION   24. EXAMINERS DISPOSITION   24. EXAMINERS DISPOSITION   25. DATE SIGNED (Month, Day, Year)   24. EXPECTED PLACE OF DISPOSITION   22. COUNTY   23. STATE   23. STATE   24. EXAMINERS DISPOSITION   24. EXAMINERS DISPOSITION   25. DATE SIGNED (Month, Day, Year)   24. EXAMINERS DISPOSITION   25. DATE SIGNED (Month, Day, Year)   26. DATE SIG			non Annidant Cuint	d4- \				sconsin	Rapic	IS, WI	544	94
Hour   February 3, 2002   11:55   P M   Scientific Use   Burial   Cremation (Month, Day, Year)   February 9, 20	o. CAUSE OF	DEATH (Healt disease, Carici	er, Accident, Suick	de, etc.) (Must be	Complete for	Out of Stat	e Fransit)					
Committed   Comm	7. DATE & TI	ME FUNERAL DIRECTOR NO	TIFIED	18. EXPE	CTED TYPE	OF DISPOS	SITION	19 EXPECTE	DATE	-		
20. EXPECTED PLACE OF DISPOSITION (Name of Cemetery or Crematory)  Southborough Cemetery Southborough 21. CITY, VILL. TOWN Southborough Cemetery Southborough Cemetery Southborough 24b. MAILING ADDRESS 1001 West Grand Avenue, Wis. Rapids, WI 54495 25a. FUNERAL DIRECTOR'S SIGNATURE (Or Signature of Family Member)  25a. FUNERAL DIRECTOR'S SIGNATURE (Or Signature of Family Member)  25b. DATE SIGNED (Month, Day, Year) February 4, 2002  NOTE FOR OUT OF STATE TRANSIT OF FETAL DEATH/STILLBIRTH: This Report is not to be filed with the local registrar.  Stillbirth 20 weeks or more gestation or 350 grams or more: The hospital or person designated by the parent must file a Fetal Death Report.  Stillbirth less than 20 weeks gestation and less than 350 grams: No Fetal Death Report to be filed.  NOTE TO The filing of this report with the Coroner/Medical Examiner does not constitute official notification required under s. 979.01.  Within 24 hours of notification of the death, forward this report to the local registrar and a copy to the coroner/medical examiner the county in which the reportable under the conditions listed below, the Report must be sent to the coroner/medical examiner the coroner/medical examiner or deputy must sign the death certificate.  CASES REPORTABLE TO THE CORONER/MEDICAL EXAMINER: (ss. 30.67; 346.71; 350.155; 979.) CHECK IF APPLICABLE:  Filing this Report (within 24 hour notification of death) with the appropriate the following accidents, even if the injury is not the cause of death.	(Month, Day	y, Year) Hour		ı				OF DISPO	SITION			
20. EXPECTED PLACE OF DISPOSITION (Name of Cemetery or Crematory)  Southborough Cemetery Southborough  Southborough Cemetery Southborough  24a. FUNERAL DIRECTOR'S NAME (Or Name of Family Member)  24a. FUNERAL DIRECTOR'S NAME (Or Name of Family Member)  25a. FUNERAL DIRECTOR'S SIGNATURE (Or Signature of Family Member)  25b. DATE SIGNED (Month, Day, Year)  February 4, 2002  NOTE FOR OUT OF STATE TRANSIT OF FETAL DEATH/STILLBIRTH: This Report is not to be filed with the local registrar.  Stillbirth 20 weeks or more gestation or 350 grams or more: The hospital or person designated by the parent must file a Fetal Death Report.  Stillbirth less than 20 weeks gestation and less than 350 grams: No Fetal Death Report to be filed.  NOTE TO FUNERAL DIRECTOR'S SIGNATURE (Or Signature of Family Member)  The filing of this report with the Coroner/Medical Examiner does not constitute official notification required under s. 979.01.  Within 24 hours of notification of the death, forward this report to the local registrar and a copy to the coroner/medical examiner to deputy in which the reportable under the conditions listed below, the Report must be sent to the coroner/medical examiner or deputy must sign the death certificate.  CASES REPORTABLE TO THE CORONER/MEDICAL EXAMINER: (ss. 30.67; 346.71; 350.155; 979.) CHECK IF APPLICABLE:  Filing this Report (within 24 hour notification of death) with the appropriate of the protect of the coroner/medical examiner or deputy must sign the cause of death.	Februar	ry 3, 2002	11:55 F					(Month, Da	y, Year)	Februa	ry 9	, 2002
Southborough Cemetery   Southborough   24b. MAILING ADDRESS   1001 West Grand Avenue, Wis. Rapids, WI 54495   25b. DATE SIGNED (Month, Day, Year)   February 4, 2002	0. EXPECTED	D PLACE OF DISPOSITION						Y	2:	3. STATE		
24a. FUNERAL DIRECTOR'S NAME (Or Name of Family Member)  Michael W. Jennings  24b. MAILING ADDRESS 1001 West Grand Avenue, Wis. Rapids, WI 54495 25a. FUNERAL DIRECTOR'S SIGNATURE (Or Signature of Family Member)  Princhael W. Jennings  25b. DATE SIGNED (Month, Day, Year) February 4, 2002  NOTE FOR OUT OF STATE TRANSIT OF FETAL DEATH/STILLBIRTH: This Report is not to be filed with the local registrar.  Stillbirth 20 weeks or more gestation or 350 grams or more: The hospital or person designated by the parent must file a Fetal Death Report.  Stillbirth less than 20 weeks gestation and less than 350 grams: No Fetal Death Report to be filed.  NOTE TO FUNERAL  DIRS.  The filing of this report with the Coroner/Medical Examiner does not constitute official notification required under s. 979.01.  Within 24 hours of notification of the death, forward this report to the local registrar and a copy to the coroner/medical examiner the county in which the reportable under the conditions listed below, the Report must be sent to the coroner/medical examiner the county in which the reportable incident occurred. If there is an injury or unknown cause of death reported on the certificate.  CASES REPORTABLE TO THE CORONER/MEDICAL EXAMINER: (ss. 30.67; 346.71; 350.155; 979.) CHECK IF APPLICABLE:  Filing this Report (within 24 hour notification of death) with the approplocal registrar and coroner/medical examiner and coroner/medical examiner and coroner/medical examiner and coroner/medical examiner than the cause of death.	_	•	ĺ	Southboro	wah	1			ļ	W 1		
Michael W. Jennings  1001 West Grand Avenue, Wis. Rapids, WI 54495  25a. FUNERAL DIRECTOR'S SIGNATURE (Or Signature of Family Member)  NOTE FOR OUT OF STATE TRANSIT OF FETAL DEATH/STILLBIRTH: This Report is not to be filed with the local registrar.  Stillbirth 20 weeks or more gestation or 350 grams or more: The hospital or person designated by the parent must file a Fetal Death Report.  Stillbirth less than 20 weeks gestation and less than 350 grams: No Fetal Death Report to be filed.  NOTE TO FUNERAL DIRS.  The filing of this report with the Coroner/Medical Examiner does not constitute official notification required under s. 979.01.  Within 24 hours of notification of the death, forward this report to the local registrar and a copy to the coroner/medical examiner the country in which the reportable under the conditions listed below, the Report must be sent to the coroner/medical examiner the coroner/medical examiner or deputy must sign the death certificate.  CASES REPORTABLE TO THE CORONER/MEDICAL EXAMINER: (ss. 30.67; 346.71; 350.155; 979.) CHECK IF APPLICABLE:  Filing this Report (within 24 hour notification of death) with the approfocal registrar and coroner/medical examiner or death) with the approfocal registrar and coroner/medical examiner death of death) with the approfocal registrar and coroner/medical examiner or death) with the approfocal registrar and coroner/medical examiner or death) with the approfocal registrar and coroner/medical examiner or death) with the approfocal registrar and coroner/medical examiner or death) with the approfocal registrar and coroner/medical examiner or death) with the approfocal registrar and coroner/medical examiner or death) with the approfocal registrar and coroner/medical examiner or death) with the approfocal registrar and coroner/medical examiner or death with the death certification of death) with the approfocal registrar and coroner/medical examiner or death with the approfocal registrar and coroner/medical examiner or death.			ne of Family Memb			G ADDRES	SS			Massaci	luse	ts
25a. FUNERAL DIRECTOR'S SIGNATURE (Or Signature of Family Member)  **Michael** Jr. **Denning** Lib **February** 4, 2002  **NOTE FOR OUT OF STATE TRANSIT OF FETAL DEATH/STILLBIRTH: This Report is not to be filed with the local registrar.  Stillbirth 20 weeks or more gestation or 350 grams or more: The hospital or person designated by the parent must file a Fetal Death Report.  Stillbirth less than 20 weeks gestation and less than 350 grams: No Fetal Death Report to be filed.  NOTE TO FUNERAL DIRS.  The filing of this report with the Coroner/Medical Examiner does not constitute official notification required under s. 979.01.  Within 24 hours of notification of the death, forward this report to the local registrar and a copy to the coroner/medical examiner in the county in which the reportable under the conditions listed below, the Report must be sent to the coroner/medical examiner in the county in which the reportable incident occurred. If there is an injury or unknown cause of death reported on the certificate.  **CASES REPORTABLE TO THE CORONER/MEDICAL EXAMINER: (ss. 30.67; 346.71; 350.155; 979.) CHECK IF APPLICABLE:    (1)			•			_	-	venue, W	is. R	apids, V	VI S	54495
NOTE FOR OUT OF STATE TRANSIT OF FETAL DEATH/STILLBIRTH: This Report is not to be filed with the local registrar.  Stillbirth 20 weeks or more gestation or 350 grams or more: The hospital or person designated by the parent must file a Fetal Death Report.  Stillbirth less than 20 weeks gestation and less than 350 grams: No Fetal Death Report to be filed.  NOTE TO FUNERAL DIRS.  The filing of this report with the Coroner/Medical Examiner does not constitute official notification required under s. 979.01.  Within 24 hours of notification of the death, forward this report to the local registrar and a copy to the coroner/medical examination the county in which the reportable under the conditions listed below, the Report must be sent to the coroner/medical examination the county in which the reportable incident occurred. If there is an injury or unknown cause of death reported on the certificate.  CASES REPORTABLE TO THE CORONER/MEDICAL EXAMINER: (ss. 30.67; 346.71; 350.155; 979.) CHECK IF APPLICABLE:  [1] Homicides and suicides  [2] Deaths following accidents, even if the injury is not the cause of death.	a. FUNERAL	DIRECTOR'S SIGNATURE (C	Or Signature of Fan	nily Member)	·		-					
NOTE FOR OUT OF STATE TRANSIT OF FETAL DEATH/STILLBIRTH: This Report is not to be filed with the local registrar.  Stillbirth 20 weeks or more gestation or 350 grams or more: The hospital or person designated by the parent must file a Fetal Death Report.  Stillbirth less than 20 weeks gestation and less than 350 grams: No Fetal Death Report to be filed.  NOTE TO FUNERAL DIRS.  The filing of this report with the Coroner/Medical Examiner does not constitute official notification required under s. 979.01.  Within 24 hours of notification of the death, forward this report to the local registrar and a copy to the coroner/medical examin the county in which the reportable under the conditions listed below, the Report must be sent to the coroner/medical examin the county in which the reportable incident occurred. If there is an injury or unknown cause of death reported on the certificate.  CASES REPORTABLE TO THE CORONER/MEDICAL EXAMINER: (ss. 30.67; 346.71; 350.155; 979.) CHECK IF APPLICABLE:  [1] [1] Homicides and suicides [2] Deaths following accidents, even if the injury is not the cause of death.	Mich	all IV. Jenn	sings/le					2			•	,
the coroner/medical examiner or deputy must sign the death certificate.  CASES REPORTABLE TO THE CORONER/MEDICAL EXAMINER: (ss. 30.67; 346.71; 350.155; 979.) CHECK IF APPLICABLE:  (1) Homicides and suicides (2) Deaths following accidents, even if the injury is not the cause of death.  (5) Deaths following accidents, even if the injury is not the cause of death.	Stillbirth Stillbirth OTE TO UNERAL	The filing of this required under s. S Within 24 hours of n of jurisdiction. If the of	on or 350 grams of the control of th	or more: The hon 350 grams: No Coroner/Mediate death, forwable under the c	espital or per Fetal Deatl dical Exam and this repo onditions lis	rson design report to riner doe ort to the sted belove	nated by the befiled.  Something in the second contraction in the second	nstitute off strar and a	st file a ficial no	tification the coroner/	eport. medic	al evamir
(2) Deaths following accidents, even if the injury is not the cause of death.    Towards big for the property of the plant	ASES REP	the coroner/medical	l examiner or d	leputy must si	gn the deal	th certific	ate.					
(2) Deaths following accidents, even if the injury is not the cause of death.    Death following accidents, even if the injury is not the cause of death.	<b>(1)</b>	Homicides and suicides	s					1	Filing th	is Report (w	ithin 2	4 hours
/Cycomolog him from the service in the service of t				e injury is not	the cause	of death.		1	notificatio	n of death) v	vith the	appropria
		(Example: hip fractures	s in the elderly)					:	ocal regis	trar and coron	er/med	ical examin
(3) Deaths due to poisoning. this Report is punishable by a fine of	(3)											
(4) Deaths following abortion. \$1,000. or up to 90 days imprisonment		Deaths following abortion	ion.									
(5) Deaths with unexplained, unusual or suspicious circumstances.	☐ <b>(</b> 5)	Deaths with unexplaine	ed, unusual or s	suspicious circ	umstances	S.			For I	Tunoral Di	rooto	r'o Hoo
(Sudden infant deaths and other circumstances as interpreted by				ımstances as i	ntemreted				101	uncial Di	CULO	
the coroner/medical examiner are included here)  The original Report for Final					morprotou		•		TL -			
	1 1 /		aminer are incl	luded here)	·	by	٠					
	= (-)	Deaths involving motor	aminer are incl vehicles, snov	luded here) vmobiles, all-te	errain vehic	by cles and t			Dispos	sition is to I	oe file	
	☐ (6) ☐ (7)	Deaths involving motor Deaths with no physicia	aminer are incl vehicles, snov	luded here) vmobiles, all-te	errain vehic	by cles and t			Dispos	sition is to I	oe file	
will not sign, or cannot sign the death record in time or in an emergency	☐ (7)	Deaths involving motor Deaths with no physicia preceding death	aminer are incl vehicles, snow an or accredited	luded here) vmobiles, all-te d spiritual hea	errain vehic ler in attend	by cles and t dance 30			Dispos the loc	sition is to t al registra	oe file	
situation as determined by the coroner/medical examiner  situation as determined by the coroner/medical examiner  Funeral Director's copy		Deaths involving motor Deaths with no physicia preceding death When, after reasonable	aminer are incles of the control of	luded here) vmobiles, all-te d spiritual hea vysician canno	errain vehid ler in attend t be obtain	by cles and I dance 30 ed or	days		Disposithe loc	sition is to to all registrations to:	oe file	

8/31/14		BURIAL-TRAI	NSIT PERMIT	RHODE ISLAND DEP	ARTMENT OF HEALTH		PERMIT	NUMBER
PERMIT	DECEASED — Name	FIRST Melvin	Wolter	MIDDLE	LAST	SEX	DATE OF DEATH (Month, day, yes	
MUST Accompany Remains	RACE	MEIVIII	Walter	ACE OF DEATH (City or town	NDER	Male	August 15,	1994
to DESTINATION	White		84	East Provi	dence, RI			
	BURIAL, CREMATION, DO	NATION, OTHER (Specif	y) PL/	ACE OF DISPOSITION (Na	me of cemetery, crematory or o	ther place)	CITY OR TOWN	STATE
	Bu	rial		Rural Cem	Southboro, MA			
SEXTON must	FUNERAL HOME LICEN	YEM	Don	398 Willet	ame and Address (Stree Smith—M t Avenue Box	Mason Fune x 15305 Ri	eral Home, Inc. Everside. RI 020	91.5
return permit to City or Town Clerk at Place of Disposal	CERTIFICATION: I certify Signature of certifying	cal	m Natural cause	0	egres of the		Date signed	16-54
on Fifth of Next Month	Authorized disposition as s	_	n (Date)	Chinina		Signature of Sextor	or Person in Charge of Place of C	Disposition
	77060	THIS PERMIT VAL	ID ONLY IF S	IGNED BOTH BY PHYS	ICIAN AND BY FUNER	AL HOME LICENS	EE /	SEE OTHER SIDE

"FUNERAL HOME LICENSEE": The burial-transit permit is required for any manner of disposition of a dead body, including interment, storage, cremation, and transportation. A certificate of cremation must also be obtained from the medical examiner for any

When used as a transit permit for transportation by common carrier, this permit or a duplicate thereof should be enclosed in a strong envelope attached to the shipping case. No separate transit permit is required.

SEXTON: It is unlawful for any sexton, or other person in charge of a burial place, to permit burial or other disposition of a dead body

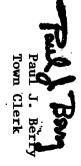
body which is to be cremated.

Before shipment by train or express, the body must be embalmed; or if this is not practicable, must be enclosed in a tightly sealed outer case.

before a burial-transit permit is deposited with him. In Rhode Island, all permits must be preserved and forwarded to the City or Town Clerk where the burial takes place on the fifth day of

the month next succeeding.

		BURIAL - TRANSIT PERM	AIT NO. 833	342	
DHH, OFFICE OF PUBLIC HEALTH DIVISION OF RECORDS & STATISTICS			sex .	COLOR 7	AGE /
NAME OF DECEASES FOREN	UMMIV	195	(WARD)	DATE ODEATH	1-01
A Certificate of Death having been presented as required by la		spose of the body of the above	ve named decedent,	is hereby granted.	
I am duly licensed to practice embalming by the Louisiana State of  I have prepared the body of this decedent for final disposal as	ate Board of Em- ke powers in the	I have registered with the authors complied with laws of the disposition of dead human beautiful to the complete the compl	thorized Health Department of London and have	DATE   -   -   -   -   -   -   -   -   -	Parish, regarding final this decedent)
EMBALMER	ICENSE NO.	SEXTON'S SIGNATURE	LAFAYETTE	LA 70507	*** ***
This p	permit must accomp	Dany remains to destination. F Parish of burial within 10 d	ays.	·	
The cremated remains of Stephen B. on <u>December 26, 2007</u> . Final Disposi	Commings WG	are buried at Rur	al Cemetery	Southborou	gh, MA



### This is to Certify that the Remains of

TOWN CLERK'S OFFICE

2010 SEP -2 P 2: 5b

SOUTHBOROUGH. MA

have this Day been cremated at River Bend Crematory, LLC Subject to its Rules or Regulations and All Legal Requirements have been met.

Jeanne O. Davis

> River Bend Crematory, LLC 623 Main Street East Hartford, CT 06108 (860) 282-4500

The cremated remains of Jeanne O. Davis were buried on August 28th 2010 in Rural Cemetery Southborough, Massachusetts.

Disposition B-East, Lot 5, Grv#D.

Cemetery Supervisor



#### State of Florida, Department of Health and Rehabilitative Services, Vital Statistics

#### **APPLICATION FOR BURIAL — TRANSIT PERMIT**

Α.	(Type or Print)						
1.	Name of First	-	Middle	Last	DATE	Month D	ay Year
	Deceased			DuFAULT	OF DEATH	Found	
_	JOANNE	City Town or Lo	vention	Name of	(If neither, give street		1991
2.	Place of Death County	City, Town or Lo	cation	Hosp. or	(II Heither, give Street	audiess)	
	Orange	Orlando		Inst.	5411 Dale Lane		
3.	Name of Medical		X Medical Examiner		Address	Pho	one Number
	Certifier	M D			erne Terrace FL 32806	407-836-7	7120
_	William R. Anderson,	M.D.	Physician Address	Orlando,	Fla. Lic. No./Reg. No.		
4.	Name of Funeral Home/ Direct Disposer		1148 E. Plant S	treet	l la. Lic. No./ neg. No.	Thorie Number	(Alea Oode)
	Collison Funeral Hom	ne e	Winter Garden,	FL 34787	1736	407-877-6	5700
5.	Check a X		ertification has been con	npleted and sig	ned. A completed cert	ificate of death	accompanies
	Appro- priate	this application	n.				
	Box b				was contacted	on	within 72
	·· – · - · · · · · · · · · · · · · · · ·	hours after de	eath. He/she verified that				
			rnal cause of death, and t				will complete
		and sign the m	nedical certification of cau			Llo/oh	a varified that
	с Ц				was contacted on, Medical Exami		
		medical certific			, Wicdioai Exami	nor, will complet	o and oigh the
<del>-</del> -	Place of Rural		state cemetery/			emoval	
٥.	Final Disposition: Cemetery	cre	ematory - name/county:		gh, MA X fr	om state	Donation
7.	Funeral Director/		gnature (	\	E. No./Reg. No.		Signed
_	Direct Disposer Gregory (	Collison	hegang lot	din-	3464 A	ugust 14,	1991
			BURIAL - TRANS	IT PERMIT			
B.	Danisianian in banabu aranta	d to dispose of th	-		Pe	ermit No. <u>1736</u> -	-305
ſ	Permission is hereby granted A five day extension of time	a to aispose of it e for filing the d	iis body. eath certificate (exclusive	of weekends)	has been requested ar	nd granted as u	ndue hardship
	would result from filing withi	n the normal time	limit. If the certificate can	not be filed with	nin this extended time li	imit, a "Funeral [	Director/Direct
	Disposer Report" will be file			which death oc	ccurred.		
l	No extension of time for filing			// √Date		Date Certificate	<b>!</b>
	Registrar or Subregistrar Signature Fra	ances Braddo	ck frances Ma	darksued	:8-14-91	Due:	
_							
<u> </u>	Λ		N for CREMATION, DIS	SECTION or	RURIAI —AT—SFA		
U.	A	UTHORIZATIO	N IOI CHLIMATION, DIS	32011011 01			
	Signature		, Medical	Examiner	Date		
	or				1 1 1 .		
	Medical Examiner,		, gave au Funeral Director/Dire	ithorization by t	Date		
_	The Medical Examiner's app	roval must be of	tained before disposal b	y any of the a	above methods. A wai	ting period of 4	8 hours after
	death is required for all crema	itions.					
=							
D.			CEMETERY OR C	REMAIORY	Rural Cem	netery	
	Methods of Disposition:			Place of Dis	position Southbord	ough, MA	
		STORAGE		Date of Disp	. /	ST 16. 194	/
		OTHER (Specify	) 1 1.		7-30	والدارس.	·
	Signature of Sexton )		/1 , / in	( )	<b>/</b> \		
	or Person-in-Charge)	Dudlet	UX/Monus	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			<del> </del>
			//				
_	This permit must be endorse	ed by the Sexton	or person-in-charge (or	by the Funera	I Director/Direct Dispo	ser when there	is no Sexton
	and returned within 10 days to	the local HRS C	County Public Health Unit i	n the County w	here disposition occurr	ed.	

HRS Form 326, Feb 89 (Replaces Oct 87 edition which may be used) (Stock Number: 5740-000-0326-2)

## INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION FOR BURIAL—TRANSIT PERMIT FORM

#### Section A.

#### APPLICATION FOR PERMIT

- 1. Type or print name of deceased and date of death.
- Indicate place of death: County; City, Town or Location; hospital or institution (if not in hospital or institution, give street address).
- 3. Indicate the name and address of the Medical Examiner or physician who you determine is to provide the medical certification of cause of death.
- 4. Indicate name, address, telephone number, and license number of funeral home or direct disposal establishment.
- 5. a. Check if a completed death certificate, including the completed and signed medical certification of cause of death, accompanies the pink copy of the Application for Burial—Transit Permit to the Local Registrar of the County in which death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.)
  - b. Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate, and the date he/she was contacted. The person contacted must be either the physician or a responsible person whom you determine can speak for him/her.
  - c. Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.
- 6. Indicate place of disposition; check appropriate box.
- 7. Requires signature of applicant, Funeral Director/Registration number, and date application signed.

#### Section B.

#### **BURIAL—TRANSIT PERMIT**

Provide permit number. If it is anticipated that the certificate cannot be filed within five days from the date of death, five additional days (exclusive of weekends) may be requested and granted by checking the box provided. If this time frame cannot be met, complete and file a copy of the Funeral Director/Direct Disposer Report with the Local Registrar in the County of death and send a copy to Quality Assurance, Office of Vital Statistics. If no extension of time is requested, check appropriate box.

The Registrar or Subregistrar who grants the Burial—Transit Permit will sign and date the Permit Application. If it is not convenient for the Subregistrar to sign, it will be signed by the Local Registrar or his designee. (The signature of the Subregistrar on the Burial—Transit Permit need not be the same as the Subregistrar signature on the death certificate.) Section 382.006, Florida Statutes, requires that a Burial—Transit Permit be obtained prior to disposition or removal from the State and within five days after death. It shall be mailed or delivered to the Local Registrar of the County in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.)

#### Section C.

#### AUTHORIZATION for CREMATION, DISSECTION or BURIAL—AT—SEA

Approval for cremation/dissection or burial-at-sea must be authorized by the Medical Examiner. Space for his approval signature and date are provided. In addition, space is provided for the name of the person obtaining telephone approval from Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL.)

#### Section D.

#### **CEMETERY OR CREMATORY**

Requires: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton); appropriate box checked to indicate method of disposition: date of disposition: place of disposition.

RECORDED
TOWN OF SOUTHBOROUGH

AUG 1 9 1991

*TOWN CLERKS OFFICE* 

RECEIVED &	FILED IN THE OF	TELEFIALOTRANSITPET	OWN CLERK	LAND DEPARTME	APOFHERTH	11:30AM		PERMIT NUMBER
PERMIT	DECEASED — Name	FIRST	MIDDLE		LAST	SEX	DATE OF DEATH (Month	ı, day, year)
MUST		ary	_		Ezell	Fem	January 1	2, 2005
Accompany Femair	RACE	AGE	PLACE OF DEATH	(City or town, state)				
DESTINATOR	White	74	Woonsock	cet, Rhod	e Island			
	BURIAL, CHEMATION, DONAT	TON, OTHER (Specify)	PLACE OF DISPO	SITION (Name of ce	metery, crematory or oth	er place)	CITY OR TOWN	STATE
PAUL J. BER	Ry Burial			Cemetery	<del></del>		assachusett	s 01772
COWN CLERK	FUNERAL HOME - LICENSE	E/	FUNERAL I	HOME — Name an	d Address (Street	or R.F.D. Number, City or	r Town, State, Zip Code)	
must	(Symanicancy N	larris						gh, MA 01772
return permit to City or Town Clerk at Place of Disposal	CERTIFICATION certify that Signature of tentifying Pi	1-	causes (see over), th	M Degree o	D	of required, and that	1	3/05
on Fifth of Next Month	Authorized disposition as state January	ad above occured on (Date) 18, 2005		Sec. F	Grv.131	Signature of Sexton	or Parson in Charge of Pi	ace of Disposition
	T	HIS PERMIT VALID ONLY	IF SIGNED BOTH	BY PHYSICIAN	AND BY FUNERA	L HOME LICENSI	EÉ /	SEF OTHER SIDE

"FUNERAL HOME LICENSEE": The burial-transit permit is required for any manner of disposition of a dead body, including interment, storage, cremation, and transportation. A certificate of cremation must also be obtained from the medical examiner for any body which is to be cremated.

When used as a transit permit for transportation by common carrier, this permit or a duplicate thereof should be enclosed in a strong envelope attached to the shipping case. No separate transit permit is required.

Before shipment by train or express, the body must be embalmed; or if this is not practicable, must be enclosed in a tightly sealed outer case.

**SEXTON:** It is unlawful for any sexton, or other person in charge of a burial place, to permit burial or other disposition of a dead body before a burial-transit permit is deposited with him.

In Rhode Island, all permits must be preserved and forwarded to the City or Town Clerk where the burial takes place on the fifth day of the month next succeeding.

pad don

#### PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM BT-1, 12/2010						
	CATE OF NEW HAMP			1. BURIAL PE		RECEIVED TOWN OFFICE
<del></del>	BURIAL TRANSIT PER	CIVII I				701L ADD 1 0 - FD 3- 31.
3. DECEDENT'S NAM JEFFREY E FLYN	ME (First, Middle, Last)			4. SEX MALE		E OK BEATH (Month, Day, Year) 3: 34
	7. DATE OF BIRTH (Month, Day, Year)	Ta CITY TO	WN, OR LOCATIO		MA	RCH 22, 2016 . COSAND THE ROUGH, MA
61 Years	FEBRUARY 10, 1955	EXETER	•	NO DEN		ROCKINGHAM
10. METHOD OF DISE	POSITION (1.Burial 2.Temp. Entombment 3	. Cremation 4.I	Donation 5. Mauso	oleum 6.Other):		CODE: 3
11. PLACE OF DISPO	OSITION (Name of cemetery, crematory or oth	er place)	RURAL C	REMATORY		
12. LOCATION (City/	Town, State) WORCESTER, MA					
13. DATE OF DISPOS	SITION (Refer to 19a) MARCH 25, 2	016				
14. IF ENTOMBED (OF	R CREMATED) PLACE OF FINAL BURIAL					
15. LOCATION OF FIN	NAL DISPOSITION (City/Town, State)					
A C	CERTIFICATE OF DEATH, HAVING BEEN FI	LED AS REQUI	IRED BY THE LAV	VS OF THS STATE, F	PERMISSIO	ON IS HEREBY GIVEN TO:
16. FUNERAL DIRECT	TOR JOHN P ROWE JR	The state of the s	Sacrate Management of the Control of	**	17. N.	H. LIC. NUM ONLY 000
18. NAME AND LOCA	TION OF FACILITY (City/Town, State)	JOHN P F	ROWE FUNERA	L HOME INC, MAR	LBOROL	IGH, MA
19. COUNTER SIGNE JOHN J BREWI	D AGENT(City Board of Heath/Sub-Register i	f app.)	20. CITY/TOWN	N		21. DATE ISSUED (Month, Day, Year)  MARCH 23, 2016
	CEMETERY OR STORAGE VA	ULT AUTHORIT	TY SHALL FILL OF	UT SPACE BELOW V	WHEN APP	LICABLE
22. IF STORED, BODY	Y WAS PLACED IN (Name of Storage Vault)	23. D	ATE STORED (Mo	onth, Day, Year)	24. CITY	//TOWN, STATE
25. SIGNATURE OF S	SEXTON OR PERSON IN CHARGE OF STOP	AGE VAULT	26	6. DATE ISSUED (Mo	onth, Day, `	rear)
	CEMETERY OR C	REMATORY AL	UTHORITY SHALL	FILL OUT SPACE E	BELOW	
B	SITION (Cremated, buried, etc.) 28.  cremated remains	DATE OF DISE (Month, Day, Y	(ear)	(City/Tow	n, State)	ION OF CEMETERY OR VAULT
in Flynn I	Lot 26 in Sec.C-East	April 1	5, 2016		Cemet borous	tery gh, MA 01772
30. SECTION	31. GRAVE NO. 32.	SIGNATURE O	F SEXTON OR PE	ERSON IN CHARGE		
C-East	6A	<del>-</del> 4.(	e. All	14M1 - Da		
	g signed by the Sexton or person in charge (જે which the disposition takes place.	by the Funeral	Director where the	ere is no Sexton) mus	t be forwar	ded within six days to



#### State of Florida, Department of Health, Vital Statistics APPLICATION FOR BURIAL - TRANSIT PERMIT

A.	(TY	PE)							
1.	Name of	First	Middle	Last		Date	Month	Day	Year
	Deceased	Marion	G	Fletcher	•	of Death	March 7,	2003	
2.	Place of Death	City, To	wn or Location	Name of (If n	either, give street a	ddress)			
	County Broward	Hol	lywood	Hosp. or Inst. Hol	lywood Medio	cal C	enter		
3.	Name of Medical	rd Reinfeld, M	Address	NE Miami Garden	na Drive		Phone Nu	ımber	
		Medical Examiner X		ami Beach, FL	is DIIVe		305	956-90	52
4.		ome/Direct Disposal	Address		Fla. Lic. No./R	eg. No.	Phone No. (Are	<u> </u>	
	Establishment Fred Hunter	Funeral Home	6301 Taft Hollywood,		1930		954 989-	-1550	
5.	Check	a. X The me	dical certification has bee	n completed and signed.	A completed certifi	icate of o	leath accompa	nies this	
	Appropriate	applica	tion.						
	Box	ь <b>П</b>			was contacted on				
		He/she	verified that this death wa	s from natural causes, th	was contacted on at there was no acc		or other external	cause of	death
		and tha	•				l complete and		
		certifica	ation of cause of death wit	hin 72 hours.					
		c		was cor	ntacted on			e/she verif	
		medica	I certification of cause of o	leath within 72 hours.	, IVIE	edicai Ex	aminer, will con	nplete and	sign the
6.	Funeral Director/		Signature	F.E	. No./Reg. No.		Date	Signed	<del></del> .
	Direct Disposer	Liber 13	3000 14X				3/1	2/03	
В.	A five (5) day of been contacted 72 hours.	by the funeral director at time for filing the death		plete the medical certific	has been requester alion of cause-of-de		granted since t	n certificate	
C.		AUTHC	RIZATION for CREI	MATION, DISSECTI	ON, or BURIAL	AT-S	EA		
	Approval Number:	1263		Date	3/12/03				
	Medical Examiner,	Lance Davis	, MD	, gave authorization by	telephone to	Berv	l Gorr		
		Funeral Home	Funeral Direct	or/Direct Disposer.	Date	3/	12/03		
			obtained before disposal	by any of the above meth	hods. A waiting per	iod of 48	3 hours after de	ath is	
	required for all cre	mations.							
D.		· · · · · · · · · · · · · · · · · · ·	CEMET	ERY OR CREMATO	ORY Rural	Comot	OKI		
υ.	Method of Disposit	tion:	OLINE!	Place of Disposition			•	· .	
	BURIAL	STORAGE		Date of Disposition	March	26, 2	003		
	[ ICREMATION	OTHER (S	pecify) Cremation	Burial Sec.C-	West. Lot 45	NG1	cave B		
	S mature of Sexto	on }		- / / /	-1/1/				
	or Person-in-Char	ge !		Mast- L	KAllson	4			

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.

Pate, o	f Burial	10/26/02	Bx Sec.E	Grv#6/	A, Marble	Urn Crea	matio	on Morr	is Fune	eral l	Home	Figure of the specification
			STAT	E OF NEV	ADA — DEPA	RTMENT OF	HUMA	N RESOU	RCES	KB	753	9
	<del>-</del> .	· .	DI\		HEALTH — S				cs	10	924	,
!	LOCA	AL EN E NUMBER	Pacaivad	the second second	BURIAL—T Lled in th				   Clark	Nov	, 13 '	2002 11am
OR PRINT	DECEASED-NA	AL FILE NUMBER  ME First	Middle	anu II	Leu III LII			F DEATH (Month		. Inch	ATE FILE NUM	
IN PERMANENT	1.	Janice	R.	in a second	FOS	TER	2. #	lugust 2	23. 200	12	3a. C1	ark
BLACK INK	CITY, TOWN OR	LOCATION OF DE	ATH HOSPITA	AL OR OTHER IN	NSTITUTION-Name			mber) If Ho	sp. or Inst. indic	cate DOA. C		SEX
DECEDENT	3b. 1.as	Vegas	3c. •	orrey I	inmasCare	Center		3e.	Inpat	ient		<b>Female</b>
		ite, Black, American tc.) (Specify)	specify Mexican,	Cuban, Puerto R	? Specify ☐ yes ☐ no lican, etc.	Birthday (Y	ears) N	NDER 1 YEAR NOS : DAYS	HOURS :		TE OF BIRTH	Mo., Day, Yr.)
、 IF DEATH	STATE OF BIRTI			WHAT COUN-	Decedent's Education	n. Specify highest	7b.		7c.		September	er20,1906 rife, give maiden name)
OCCURRED IN INSTITUTION	(If not U.S.A., nar	me country) York	TRY	t A	grade completed 10,	16	(Specify	ED, NEVER MAR VED, DIVORCED V)	<b>4</b> "	12.		no, gro nancii nancy
SEE HANDBOOK REGARDING	SOCIAL SECURI		USUAL OCC		Kind of Work Done Du			OF BUSINESS O				<del></del>
COMPLETION OF RESIDENCE ITEMS	13. 228	-44-7283	14a.	Social	Worker	•	14b.		State		•	
	RESIDENCE—S	TATE	COUNTY		CITY, TOWN, OR LO	CATION		STREET AND	NUMBER		INSIDE C (Specify Y	TY LIMITS . 'es or No)
	FATHER-NAME	3436	5b. Clark		15c. Las Ve	RAP MOTHER-MAIDE	ENI NIANIE	15d. 4906 First	E. Dese		Rd 15e.	Yes
PARENTS	. 16.		-				TIA IAWINE			Middle		Last
`	<u> </u>	Walter AME (Type or Print)	Bruce	<u> </u>	Rebinson MAILING ADD	TFSS	(S	Rather treet or R.F.D. N		n, State, Zip	Ch	andler
	18a.	ncv Phill	line		18b. 4906	E. Deser	rt To	n Road.	les V	Apan	Varad	. 90171
		TION, REMOVAL, C		CEMETERY (	OR CREMATORY—N	ME.	<del>5 10 A 8</del> 1		ATION	City or T		State
DISPOSITION	19a. Cre	mation		<sup>19b.</sup> De	esert Cres	etory	•	19c.	Las	Vegas	. Neva	đa
	(Or Person 700ting	TOR—SIGNATURE		FUNERAL DII LICENSE NUI	RECTOR NAME AN MBER	ID ADDRESS OF FA			t Meno	rial		
	20a.	Dest of my knowled	ge, death occurred at	the time, date an		11 Las V	22a On th	Bldd N. e basis of examin	nation and/or in	noitenition	in my oninion d	noth convered
. 4.1	⊵ĕ due to	the cause(s) stated		a contra contra	•	**	. at me	ume, date and p	lace and due to	o the cause	(s) and manner	stated.
		SIGNED (Mo., Day	, Yr.) i	OUR OF DEATH	H		(Signature DATE SIGI	NED (Mo., Day,	Yr.)	HOUR OF	DEATH .	
CERTIFIER	0 N ≥ 21b.	a a			115	1 - 0	22b.	* * P	•	22c.		
CEITHE	으로 NAME	OF ATTENDING P	HYSICIAN IF OTHER	THAN CERTIFIE	R (Type or Print)	B. B.	PRONOUN	ICED DEAD (Mo	., Day, Yr.)	PRONOU	NCED DEAD (H	our)
		AND ADDRESS OF	E CERTIFIER (DI IVOIC	NAM ATTENDIN	O DI DI DI DI ALEDI		22d. ON	<u> </u>		22e. AT		
	, .		F CERTIFIER (PHYSIC						t.)	Į.	LICENSE NUMI	BER
CONDITIONS	REGISTRAR	Arezo Fa	thie, M.D.	2649	Wigwam P	ECEIVED BY REGI	Hen	derson.	Nevada		23b.	
IF ANY WHICH GAVE	24a. (Signature)	م نتاح	Jun Da O	$\bigcap_{\alpha}$		SEP 0 6	3 200	2	•		· ·	
RISE TO IMMEDIATE CAUSE	25. IMMEDIATE C	AUSE ENTE	R ONLY ONE CAUSE	PER LINE FOR	(a), (b), AND (c).)	₹,		1-7		<u> </u>	erval between o	nset and death
STATING THE UNDERLYING	PART (a)			المرقبه والمناوا	<u> </u>					:		
LAUSE LAST	( , . DL	JE TO, OR AS A CO	ONSEQUENCE OF:							, Int	erval between o	nset and death
· L	(b)	JE TO, OR AS A CO	ONSEQUENCE OF	! <u> </u>	<del>- /</del>							
	/ C		moradende di .					·		int	erval between o	nset and death
CAUSE OF DEATH	(c) PART OTHE	R SIGNIFICANT CO	NDITIONS—Conditions	s contributing to	death but not resulting	in the underlying ca	use given i	n Part 1. AUTO	PSY (S)	pecify WA	S CASE REFER	RRED-TO
DEATH	U		-		*		-	26.	Yes o	or No)   CO 27.	RONER (Specific	Yes or No)
		AUTI	ORITY FOR B	URIAL TRA	ANSPORTATIO	N REMOVAL	CREN			———		
	Slaving compli	ed with all rules	and regulations	governing the	preparation of de	ead human bodi	es and a	upon receivin	d the signat	ures of th	e person wh	no is to certify the
	mast be signe	n, the funeral dia d below by the	rector or person a cemetery or crem	cting as fune natory authori	ral director, and t tv. Where there is	he local registra s no full time pe	r, permis rson in d	ssion is grant charge of the	ed to dispos cemetery the	e of this	body. The b	urial-transit permit y sign as sexton.
:	Upon mpleti	on the permit m	ust be returned to	the local reg	istrar where deat	occurred or to	the fune	ral director.				•
•	ري	·	(Name of Cemetery or Crys	matory)	,	<del></del>	_	<del>\</del>	N	lo.	2282	258
	Signature of or of the cemeter	rsen in charge or rematory	1/1	2/4		Date	7//	1/02				,
		•		•		BURIAL	PERM	IIT				
												•



State of Florida, Department of Health, Vital Statistics

APPLICATION FOR BURIAL - TRANSIT PERMITIZION 25 P 2: 30 10

RECEIVED OWN CLEOKIS OFF A	<del>-</del>
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A.	(TYF	PE)					0011 2 0	T 2. 3 ( 1/1	<i>p</i>
1.	Name of	First	Midd	le	Last	: :	Date Of OROL	Month Day	Year
	Deceased	George	Peabody		Gardner,		Death	1ay 9, 2012	
2.	Place of Death	•	n or Location			ither, give street			- 77- <i>3</i> A
	County	West	Palm Beach	I .	-	ice of Pali	n Beach (	County-Hospic	e unit:
	Palm Beach		<del> </del>		nst.			Phone Number	
3.	Name of Medical		Addı			_			2040
	Certifier Hospic	e Physician Medical Examiner K	Physician <b>Ve</b>	09 North I <u>st Palm B</u> e	Plagler Dr each, Fla.	33401	In	561 671-7	
4.	Name of Funeral Ho	ome/Direct Disposal	Address			1	- 1	ne No. (Area Code)	
	Establishment Q	uattlebaum		th Olive A		F04182	3	561 832-5171	L
une	eral & Cremat	ion Services	West Pal	m Beach, 1	Fla.33401	A	Factor of dooth	a accompanies this	
5.	Check			is been complet	ed and signed.	A completed certi	ncate of deat	n accompanies this	
	Appropriate	application	on.						
	Box						. w	2012	
		b. x Hospi	ce of Palm	Beach Cour		was contacted or			death
						at there was no at	will con	ner external cause of mplete and sign the	medical
		and that	а Новр	ice Physic	cian		WIII COI	implete and sign and	41100100
			on of cause of dea	atn within 72 not		tacted on		He/she ver	ified that
		c. 🔲 🔔					ledical Examir	ner, will complete an	d sign the
		modical	certification of cau	se of death with	in 72 hours				
_	E I Dive et e ul		Signature	30 of death with		No./Reg. No.		Date Signed	
6.	Funeral Director/ Direct Disposer		Signature			43651	M	ay 10, 2012	
	Direct Disposer								
	A five (5) day e been contacted	ereby granted to dispose extension of time for filir by the funeral director at time for filling the death gnature	ng the death certing the death certification the death certi	to complete the	medical certifica	has been reques ation of cause-of-c	ted and grandeath section of the death section of t	ted since the physic of the death certificate te Certificate e: May 15, 2	cian has te within
C.		AUTHO	RIZATION for	CREMATIO	N, DISSECTION	ON, or BURIA	L-AT-SEA		
	Approval Number:	122459			Date	May 11,	2012		
	Medical Examiner,  Ouattlebe The Medical Exam required for all cre	aum Funeral Hou iner's approval must be	Funeral	Director/Direct	Disposer.	Date M	lav 11. 2	Ohnson for 2012 urs after death is	
D.			CE		CREMATOR		ett Buri		
	Method of Disposition	on:		Place	of Disposition _	Sout	<u>hborough</u>	, MA	
(	xBURIAL crema	, J STORAGE		Date	of Disposition	June 16	2012		
_			•• \	5					
	CREMATION	OTHER (Spe			<del>\                                    </del>				
	Signature of Sexton or Person-in-Charge		Light	land - le	) (c -	KUNAJ CH	METERY		
Thi	s permit must be en	dorsed by the Sexton of	r person-in-charo	e (or by the Fu	neral Director/F	Direct Disposer w	hen there is	no Sexton) and reti	urned
									a

Distribution:

White: Cemetery or Crematory

Yellow: Funeral Director or Direct Disposer

Pink: Local Registrar

within 10 days to the local County Health Department in the county where disposition occurred.

Received and filed in the Office of the Town Clerk May 28, 2003. 9:30am. 5/13/03 Pg.163, Sec.6, Lot 16A, Grv#1A, No F.H., Bronze Urn loc. undr mrkr

## ATLAS CREMATORY

Paul Berry Town Clerk

2111 U.S. #1 South Rockledge, Florida 32955 (321) 636-4275

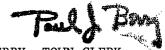


We hereby certify that these are the cremains of	Roscoe Gardner
	The remains were received
rom <u>Beach Funeral Home</u>	Melbourne, Florida
Funeral Firm	City and State
Cremation Permit No	Brevard
Date of Death January 20, 2003	-
January 28, 2003	ByChad Follweiler
	Cremator

RECEIVED AND FILED IN THE OFFICE OF THE TOWN CLERK JANUARY 14, 2010 AT 12:20 PM

# FLORIDA DEPARTMENT OF HEALTH

## State of Florida, Department of Health, Vital Statistics APPLICATION FOR BURIAL - TRANSIT PERMIT



Α.	(TYPE	<u> </u>						PAUI	J. I	BERRY, TO	NN CI	LERK	
1.	Name of	Fir	st	Mido	dle	Last			Date	Month	Day		_
	Deceased	Tatia	ıa			Gard	iner		of Death	December	21,	2009	
2.	Place of Death		City, Town o	r Location		Name of	(If neith	er, give street a	ddress)				
	County Palm Beach		Palm B	each		Hosp. or Inst.	160	Seaview A	venue				
3.	Name of Medical			Add	ress					Phone N	umber		_
	Certifier Denis M		M.D. iner x Phys		ll North st Palm :	_				561	832-	1643	
4.	Name of Funeral Hon	ne/Direct Di	sposal	Address					Reg. No.	Phone No. (Ar			_
	Establishment Qua				uth Oliv			297		561 832	-2T/	1	
Fu	neral & Crema	tion Se			lm Beach					l			
5.	Check Appropriate Box	a. []	The medical application.	certification ha	as been comp	leted and si	gned. A d	completed certif	ficate of	death accompa	inies th	is	
	ВОХ	b. <b>x</b>	Dr. Mur	phy			wa	s contacted on	De	cember 22	, 20	09	
					ath was from	natural caus	ses, that t	here was no ac	cident n	or other externa	al cause	e of death,	_
			and that	he					wi	ill complete an	d sign	the medica	al
			certification of	of cause of dea	ath within 72	nours.							
		с. 🗌				W	as contac					verified that	-
								, Me	edical Ex	xaminer, will co	mplete	and sign th	е
_				fication of cau	se of death w	ithin 72 hou		/D N-		Data	Cinna		
6.	Funeral Director/ Direct Disposer	Si		nature		F	044104	o./Reg. No. 		December	Signed 22,	2009	
_		J			URIAL - T	DANSIT F	FRMIT		•				_
В.	Permission is here	by granted	to disnose of t		ONAL - I	IVANOII I	CIXIVIII		Perm	nit No. 297-	-314-	09	
	A five (5) day ext been contacted by 72 hours.	ension of ti	me for filing t	he death certi					ed and	granted since			
	X No extension of tir	ne for filing	the death certi	ficate has beer	n requested								
	Registrar or	110 101 11111g	۰،۱۵۵ مان		,	D	ate			Date Certifica	te		
	Subregistrar Signa	ature <u></u>	nethea	a. Gr	thuse			ec. 22, 2	009	Due: Dece		26, 20	)09
<u>с</u> .			AUTHORIZ	ATION for	CREMATION	ON, DISSI	ECTION	i, or BURIAI	L-AT-S	EA			
	Approval Number:						Date						
	Medical Examiner,				, ga\	e authorizat	ion by tel	ephone to					
	· <u> </u>			Funeral	Director/Dire			Date					
	The Medical Examine required for all crema		I must be obta	ined before dis	sposal by any	of the abov	e method	s. A waiting pe	riod of 4	8 hours after d	∍ath is		
_				CI	EMETEDY	OR CREI	MATOR	γ Burnet	tt Cer	neterv			
D.	Method of Disposition	n:			EMETERY	lace of Disp				gh, Massa	huse	etts	
	XBURIAL	□s.	TORAGE			ate of Dispo	sition	January 9	, 201	10			
	CREMATION	$\mathbf{x}$	THER (Specify	) Remova	1 from	state							
	Signature of Sexton or Person-in-Charge	1	Juli	91 Ce 4	Alley	- )	m			Cemetery rvisor	7, So	outhboro	oug —

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.





#### APPLICATION FOR PERMIT

#### Section A.

- 1. Type name of deceased and date of death.
- 2. Indicate place of death: County; City, Town, or Location; Hospital or institution (if not in hospital or institution, give street address).
- Indicate the name, address, and telephone number of the Medical Examiner or physician who is to provide the medical certification of cause of death.
- 4. Indicate name, address, telephone number, and license number of funeral home or direct disposal establishment.
- 5. a. Check if a completed death certificate, including the completed and signed medical certification of cause of death, accompanies the pink copy of the application for Burial-Transit Permit to the Local Registrar of the county in which the death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.)
  - b. Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate, and the date he/she was contacted. The person contacted must be either the physician or a responsible person who can speak for him/her.
  - c. Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.
- 6. Requires the signature of applicant Funeral Director, FE License number, or Direct Disposer, Registration Number, and the date the Application was signed.

#### **BURIAL-TRANSIT PERMIT**

#### Section B.

If it is anticipated that the certificate cannot be filed within five days from the date of death, five additional days (exclusive of weekends) may be requested and granted by checking the box provided. If no extension of time is requested, check appropriate box.

The Registrar or Subregistrar who issues the Burial-Transit Permit will sign and date the Permit Application and assign the permit number. Section 382.006, Florida Statutes, requires that a Burial-Transit Permit be obtained prior to disposition or removal from the State and within five (5) days after death. It shall be mailed or delivered to the Local Registrar of the county in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.

#### **AUTHORIZATION FOR CREMATION, DISSECTION, or BURIAL-AT-SEA**

#### Section C.

Approval for cremation, dissection, or burial-at-sea must be authorized by the Medical Examiner. Space for his/her approval number and date are provided. In addition, space is provided for the name of the person obtaining telephone approval from the Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL.)

#### **CEMETERY OR CREMATORY**

#### Section D.

Required: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton.); check the appropriate box to indicate the method of disposition; fill in the date and place of disposition in space provided

DEMOVAL TRANSIT AND BU	DIAL DEDMIT		
REMOVAL, TRANSIT, AND BU	NIAL PERMIT	PERMIT NO.	DATE ISSUED
VS-9 REV. 2/84 STATE	E OF CONNECTICUT, DEPARTMENT OF HEALTH SERV HARTFORD, CONNECTICUT 06106	VICES	9 68125
<ol> <li>THIS PERMIT: a. Is sufficient f town and also for interment; b. mus be given to person in charge of cemeter sexton who must then forward it to the cemetery is located.</li> </ol>	t accompany body, and c. must (VS-48) must be obtain ry and endorsed at bottom by the	ermit to cremate. For that, ned in addition to this perm	
PERMISSION IS GRANTED TO REM	OVE/TRANSPORT/BURY THE BODY OF I WHO DIED AT		TON
Charles Neno	GASPARONI 17 High lan	d De Thompson	9 627196
CAUSE OF DEATH	1777947W	CONTROLLED O	1/0/1/0
Metastatic	Colon Concer		
TEMPORARY DISPOSITION (If body	placed in receiving vault, give date.)		
· ·			
FINAL DISPOSITION (Name and addr	Southborn MA		
SSUED TO (Name of Funeral Director	(or Embalmer)   (Address)		(If embalmer.
MORRISFUNERAL Hom-	e 40 Main St )outhbor	0 MA 01772	11c. no.) 6453
Certificates required by state statute	SIGNED (Registrar of Vital Statistics)	(Town of)	TRANSIT PASTER
have been received and recorded.			YES NO
Body has been prepared in accordance	prest to bank of the	HOMPSON	
with the Public Health Code.	THE BODY FOR WHICH THIS PERMIT WAS ISSUED WAS BUR	,	DATE BODY BURIED
SEXTON'S ENDORSEMENT	CEMETERY Sexton's	A ABOVE NAMED	DATE BODT BURIED
THE COLO CITED OLD CIME IN 1	Signature)	in	19/29/95

# TOWN OF SOUTHBOROUGH

(11/2005)

TOWN CLERKS DEPICE

#### **BURIAL TRANSIT REMOVAL PERMIT**

VS-9 Rev. 2/09

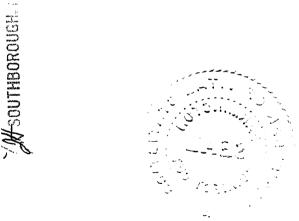
#### STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH HARTFORD, CT 06134-0308

PERMIT NO. 507 DATE ISSUED 2 120/3

- 1. This permit is sufficient for the removal of a body to any town and also for interment. It must accompany the body and be given to the person in charge of the cemetery.
- 2. This permit is NOT sufficient to cremate a body. A Cremation Permit (VS-48) must also be obtained in addition to this permit.
- 3. The sexton must endorse this permit and return it to the registrar of the town where the cemetery is located. The sexton must also forward a copy of this permit to the town where death occurred if different from the town of burial. If the body is cremated, the person in charge of the crematory must return this burial permit to the town where death occurred.

PERMISSION IS GRANTED TO REMOVE/TRAN	SPORT/BURY THE BODY OF	WHO DIED AT (Institution I	Name∮and Town of Death)	ON
Hone P. Y.	aduri	Sou chroints	Farmencton	2 /22 /20/
CAUSE OF DEATH			0	
TEMPORARY DISPOSITION (LOCATION, ADDR	idio pul novary	anest		
TEMPORARY DISPOSITION (LOCATION, ADDR	ESS, CITIV, STATE AND TELEPHONE NUM	//BER)-If body placed in receiving	g vault, give date.	
	_(c)			
FINAL DISPOSITION (Name and address of cern	wal Chelly		rich MA	
BURIÁL PLOT SECTION NO. Bk.10	LOT NO. 32	OTHER	R PLACE OF INTERMENT (S	Specify)
ISSUED TO (Name of Funeral Director or Embalm	ner) ADDRESS 1	4~	IF EMBALM	ER, LICENSE NO.
O'Blien Fuxual X	one 24 Line	olse For Ca	estal CT.	2442
Certificates required by state statute have been	SIGNED (Registrar of Vital Statistics)	TOXY	N OF	TRANSIT PASTER
received and recorded. Body has been prepared	1/10 6/6	$\alpha \vee \mathcal{I}_{\alpha}$	in the Old	
in accordance with the Public Health Code.	Channe Celus	uno lissi /U	imenstr Ct	'□ YES □ NO
	THE BODY FOR WHICH THIS PERMIT V	VAS ISSUED WAS BURIEDIN A	ABOVE NA <b>W</b> ED	DATE BODY BURIED
SEXTON'S ENDORSEMENT	CEMETERY (Sexton's Signature	G Allem - in	1	2 , 27 , 13

# TOWN CLERKYS OFFICE 2013 MAR - 1 A 11: 39



#### REMOVAL, TRANSIT AND BURIAL PERMIT

VS-9 Rev. 12/18/98

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH HARTFORD, CT 06134-0308 PERMIT NO. 1946 | DATE ISSUED 9 / 6 / 01

- 1. THIS PERMIT: a. Is sufficient for the removal of a body to any town and also for interment; b. must accompany body and c. must be given to person in charge of cemetery and endorsed at bottom by the sexton who must then forward it to the registrar of the town where the cemetery is located.
- 2. THIS IS NOT a permit to cremate. For that, a Cremation Permit (VS-48) must be obtained in addition to this permit.
- 3. This form must be returned to the REGISTRAR of the Town where the cemetery is located.

PERMISSION IS GF	RANTED TO REMOVE/TRANS	PORT/BURY THE	BODY OF	WHO DIED AT			ON			
Monarito	S. Gladwin			Bristo1	Hospital, Bri	stal CT	9 / 5 / 01			
Marquita	5. Gladwin			Dilstor	nospital, bil	SLUI, UI	9/3/01			
CAUSE OF DEATH	CALISE OF DEATH									
		L. Managar								
Carcinom	a of the Lung wi	tn Metasta	ases							
			AND TELEBUION	IS AU MADED VICE A LAND						
TEMPORARY DISP	OSITION (LOCATION, ADDRI	ESS, CITY, STATE	AND TELEPHON	IE NUMBER) IT body placed	in receiving vault, give da	ate.				
			*							
FINAL DISPOSITIO	N (Name and address of ceme metery, Southbor	tery or crematory)								
Rural Ce	metery, Southbor	o, MA								
BURIAL PLOT	SECTION NO.	LOT NO.		GRAVE NO.	OTHER PLACE OF I	NTERMENT (S	pecify)			
Sharp	Bk.10	32		1	i	,				
		er)	ADDRESS			IF EMBALME	ER. LICENSE NO.			
O'Brien	of Funeral Director or Embalmo Funeral HOme	,	24 Linco	ln Ave., Bristo	1, CT 06010		01			
0 2220						1				
Certificates required	by state statute have been	SIGNED (Registr	ar of Vital Statistic	et)	TOWN OF	<u> </u>	TRANSIT PASTER			
	ed. Body has been prepared			~)		<b></b>				
	ne Public Health Code.	11.	٠ ) د ه م	ر مراک	BRISTOL C	ONN	□ YES □ NO			
in accordance with the	le i ablic i lealar code.	THE BODY FOR	WHICH THIS DE	RMIT WAS ISSUED WAS B			DATE BODY BURIED			
OFYTOM!	FUDODOFMENT			KIVIII VVAS IBSUED VVAS E	ORIED IN ABOVE NAME	U	DATE BOUT BURIED			
SEXTON	SENDORSEMENT	CEMETERY (Se)	cton's Signature)		3/					
				WhileAT (	C. Glillen		9 / 8 / 01			
			· · · · · · · · · · · · · · · · · · ·		y 20		<del></del>			

Received, and filed in the Office of the Town Clerk on September 14, 2001 @ 3:00 PM.

Paul Berry

Paul J. Berry, Town Clerk



I hereby certify that the cremated remains of

Thomas E. Goffman Accompanying this certificate was disposed of
in accordance with it's terms

At June Dann Tank Town Surphyshold Har

On Jor 2 2005 Final Disposition N.E. Connen

Certified by Cemetery Supervisor, Town of Southborough

11/8/02 Pg.400 Sec. 15, Lot 28, Grv#3, Short F.H., Flagg vault



# Received and filed in the Office of the Town Clerk Nov. 13, 2002 11am State of Florida, Department of Health, Vital Statistics APPLICATION FOR BURIAL - TRANSIT PERMIT

Α.	(TYPE)	_						
1.	Name of	First	Middle	Last		Date	Month Da	y Year
	Deceased	Pauline	Frances	Gould		of N Death	lovember 2,	2002
2.	Place of Death	City, Town o	r Location	Name of (If ne	either, give street add	dress)		
	County Broward	Pompano	Beach	Hosp. or No	orth Broward	Medica	l Center	
3.	Name of Medical		Address				Phone Number	
	00.000	.11iam Rymer, alExaminer X Phy	1	mple Road Beach, fL 33	3064		954-786-	-6460
4.	Name of Funeral Home/X		Address		Fla. Lic. No./Reg	g. No. Pho	ne No. (Area Co	de)
••	Establishment		1680 N. State	Road 7	2285	_	34-989-9907	•
	The Memoria	1 Store	Hollywood, FL	33021	2203		14-909-9907	
5.	Check a.	X The medica	certification has been cor	mpleted and signed.	A completed certification	ate of deatl	h accompanies tl	nis
	Appropriate	application.						
	Box							
	b.				was contacted on _			·
		He/she verif	ied that this death was fro	m natural causes, tha	at there was no accid			
		and that				will cor	mplete and sign	the medical
		certification	of cause of death within 7		44-d		Ha <i>l</i> aha	
	C.			was con	tacted on	ical Evernir	ner, will complete	verified that
		-medical cer	ification of cause of death	within 72 hours	, ivied	ICAI EXAIIII	iler, will complete	and sign the
6.	Funeral Director/		nature /		No./Reg. No.		Date Signe	
0.	Dink & XX SpX Ser	()0 11.00	2 true la	<i>V</i>	328		Nov. 6, 2	
_			C 43/100					
В.			BURIAL -	TRANSIT PERM	NIT			
	Permission is hereby g						2285-0186	
			the death certificate (exc					
		funeral director and v	vill not be able to complete	e the medical certifica	ation of cause-of-dea	ith section (	of the death certi	ficate within
	72 hours.		:Eissta haa haan ranuasta.	1				
	No extension of time for	or filing the death cert	incate has been requested	າ. Date		Det	e Certificate	
	XSENIAWAY XIXXX	Char	Il Stass	Par Issued:	Nov. 6, 2002			
	Subregistrar Signature	John	MI SA OUS	issued.		Due		
=								
C.		AUTHORIZ	ATION for CREMA	TION, DISSECTION	ON, or BURIAL-	AT-SEA		
	Approval Number:			Date				
	Medical Examiner,			ave authorization by	telephone to			
			Funeral Director/D	irect Disposer.	Date			
			ained before disposal by a	ny of the above meth	nods. A waiting perio	od of 48 hou	urs after death is	
_	required for all cremation	S. 						
_			OFMETER	V OD ODEMATO	NDV			<del></del>
D.	Method of Disposition:		CEMETER	Y OR CREMATO Place of Disposition	Rura Sout	1 Cemet hboroug	ery gh, MA	
	BURIAL	STORAGE		Date of Disposition	Nove	mber 8,	, 2002	
	CREMATION	OTHER (Specif	y)		·····			
	Signature of Sexton	•						
	or Person-in-Charge							···

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.

# INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION FOR BURIAL-TRANSIT PERMIT FORM

#### **APPLICATION FOR PERMIT**

#### Section A.

- 1. Type name of deceased and date of death
- 2. Indicate place of death: County; City, Town, or Location; Hospital or institution (if not in hospital or institution, give street address).
- Indicate the name, address, and telephone number of the Medical Examiner or physician who is to provide the medical certification of cause of death.
- 4. Indicate name, address, telephone number, and license number of funeral home or direct disposal establishment.
- 5. a. Check if a completed death certificate, including the completed and signed medical certification of cause of death, accompanies the pink copy of the application for Burial-Transit Permit to the Local Registrar of the county in which the death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.)
  - b. Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate, and the date he/she was contacted. The person contacted must be either the physician or a responsible person who can speak for him/her.
  - c. Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.
- 6. Requires the signature of applicant Funeral Director, FE License number, or Direct Disposer, Registration Number, and the date the Application was signed.

#### **BURIAL-TRANSIT PERMIT**

#### Section B.

If it is anticipated that the certificate cannot be filed within five days from the date of death, five additional days (exclusive of weekends) may be requested and granted by checking the box provided. If no extension of time is requested, check appropriate box.

The Registrar or Subregistrar who issues the Burial-Transit Permit will sign and date the Permit Application and assign the permit number. Section 382.006, Florida Statutes, requires that a Burial-Transit Permit be obtained prior to disposition or removal from the State and within five (5) days after death. It shall be mailed or delivered to the Local Registrar of the county in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.

#### **AUTHORIZATION FOR CREMATION, DISSECTION, or BURIAL-AT-SEA**

#### Section C.

Approval for cremation, dissection, or burial-at-sea must be authorized by the Medical Examiner. Space for his/her approval number and date are provided. In addition, space is provided for the name of the person obtaining telephone approval from the Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL.)

#### **CEMETERY OR CREMATORY**

#### Section D

Required: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton.); check the appropriate box to indicate the method of disposition; fill in the date and place of disposition in space provided



#### CREMATORY

3333 N.E. 2nd AVENUE MIAMI, FL 33137-3804 PHONE: (305) 573-4310 This envelope contains the Cremation Certificate for:

	Polly P. Greene	
To:	Van Orsdel Coral Gables	

RECEIVED
TOWN CLERK'S OFFICE

2012 SEP -4 A 10: 47

My

No. 13559

#### Van Orsdel Crematory Miami, Florida

We certify that these are the cremated remains of

Polly P. Greene

Cremation Permit No. FO40218-11-3 Issued at Miami-Dade Co

County.

Date of Death: 01/08/2011 Date of Cremation: 01/21/2011

By\_\_\_\_\_\_Nestor Alfaro, Cremator

I hereby certify that the cremated remains of  $\underline{Polly\ P.\ Greene}$  accompanying this certificate was disposed of in accordance with it's terms.

At \_\_\_\_Rural Cemetery

Town Southborough, MA

on August 27, 2012 Final Disposition C-West, Lot54N, Grv#3A

Certified by

Cemetery Supervisor

#### PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM BT-1, 12/2010

the clerk of the town in which the disposition takes place.

#109423

STATE OF NEW HAMPSHIRE 1. BURIAL PERMIT NO 2. CITY OR TOWN **BURIAL TRANSIT PERMIT** 3. DECEDENT'S NAME (First, Middle, Last) 4. SEX 5. DATE OF DEATH (Month, Day, Year) **DAVID WALTER GEEVER** MALE JULY 7, 2018 111 3 0 6. AGE 7. DATE OF BIRTH (Month, Day, Year) 8. CITY, TOWN, OR LOCATION OF DEATH 9. COUNTY OF DEATH 75 Years **AUGUST 6, 1942 PLYMOUTH** GRAFTON HROROUGH, MA 10. METHOD OF DISPOSITION (1.Burial 2.Temp. Entombment 3. Cremation 4.Donation 5. Mausoleum 6.Other): CODE: 11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) **RURAL CREMATORY** 12. LOCATION (City/Town, State) WORCESTER, MA 13. DATE OF DISPOSITION (Refer to 19a) **JULY 10, 2018** 14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL 15. LOCATION OF FINAL DISPOSITION (City/Town, State) A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO 16. FUNERAL DIRECTOR MARK R BARTON 17. N.H. LIC. NUM ONLY 1024 18. NAME AND LOCATION OF FACILITY (City/Town, State) MAYHEW FUNERAL HOMES INC, MEREDITH, NH 19. COUNTER SIGNED AGENT(City Board of Heath/Sub-Register if app.) 21. DATE ISSUED (Month, Day, Year) 20. CITY/TOWN **JULY 7, 2018** MARK R BARTON **PLYMOUTH** CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE 22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault) 23. DATE STORED (Month, Day, Year) 24. CITY/TOWN, STATE 25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT 26. DATE ISSUED (Month, Day, Year) CEMETERY OF CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW 27. TYPE OF DISPOSITION (Cremated, buried, etc.) 28. DATE OF DISPOSITION 29. NAME AND LOCATION OF CEMETERY OR VAULT (Month, Day, Year) (City/Town, State) EMINE OF CHEMARED REMOVES 7/14/2018 31. GRAVE NO. 30. SECTION 32. SIGNATURE OF SEXTON OR PERSON IN SHARGE SXC. Z 19011 This permit, after being signed by the Sexton or person in charge (or by the Funeral Director/where there is no Sexton) must be forwarded within six days to

	FEORIDA DEPAR HEA	LTH			orida, Departm ATION FOR B		Vital Statistics	RECEIVED
<u>A.</u>		(TYPE)					- UCG	$\frac{(1)}{2}$
1.	Name of Deceased		First		Middle	Last	4) ana	H 16 Morth 11: 25 Year
	Deceased		RICHARD	,	14	GROTON	SOHJAM	BORDUCU 3.
2.	Place of De	ath	City, To	own or Location	i)	Name of (If ne	either, give street address)	my
	County Charlot	te -	Port	Charlot	te	Hosp. or Inst. <b>Tide</b>	eWell Hospice In	ıc.
3.	Name of Me		-		Address	Tracil		Phone Number
	Certifier	-	n <b>Guthrie</b> , cal Examiner <b>x</b>		•	niami Trail Lotte, FL 33	3952	941-979-4300
4.	Name of Fu		Direct Disposal	Address	-h	LUCCE, FD 3.	Contracting the second contract of the contrac	Phone No. (Area Code)
••	Establishme		on our onoposa.	2525	B Tamiami '			
N	ational	Cremati	on Society	Port	Charlotte,	FL 33952	F040981	941-624-5212
5.	Check Appropriate Box	a •	. The mo		ion has been comp	leted and signed.	A completed certificate of	·
		b	L	XINGERICA	Kathy			in. 5, 2012
						<del>natural causes,</del> tha uthrie		or other external cause of goath ill complete and sign the medical
				***************************************	of death within 72 h		AAA	in complete and sign the medical
		C					lacted on	He/she verified that
					11		Medical E	xaminer, will complete and sign the
		$\rightarrow$	medica	al certification of	of cause of death w		The state of the s	e de l'administration des son de sonne de la contraction de la contraction de la contraction de la contraction
6.	Funeral Direct Dispo	1 1	ulific	Signature	hossn		No./Reg. No. F030731	Date Signed  Jan. 5, 2012
В.	A five (5 been cor 72 hours No exter	5) day extensintacted by the s.	funeral director	ling the death and will not be	certificate (exclus	ne medical certifica	Perm has been irequested, and	nit No. 12F0409810016 granted since the physician has stion of the death certaicate within Date Certificate Due: 16, 2012
C.			AUTHO	PIZATION	for CREMATIC	ON, DISSECTIO	ON, or BURIAL-AT-S	EA
	Approval N	umber:	19	7 F		Date	Jun 6,2	0/2
	Medical Ex	aminer, 1	ose (			authorization by	- Andread	nd Coughlin
		al Examiner's	• •		neral Director/Directored disposal by any	•	Date () (2) (2) ods. A waiting period of 4	8 hours after death is
							21/2	
D.	Method of [	Disposition:				OR CREMATO ace of Disposition	RYRural Cemeter Southborough,	•
	X BURIAL cremat	ed rema	STORAGE		D	ate of Disposition	Jan.17,2012 S	ec.7, Lot 27, Grv#2a
	CREMA		OTHER (S	pecify)				
	Signature of	of Sexton			/ / / n	// <del>*</del> /	/	<b>,</b>

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.

Distribution:

White: Cemetery or Crematory

Yellow: Funeral Director or Direct Disposer

Pink: Local Registrar

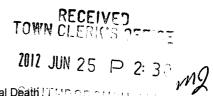
(Stock Number: 5740-000-0326-2)

or Person-in-Charge



#### **BURIAL TRANSIT PERMIT AUTHORITY TO TRANSPORT FOR FINAL DISPOSITION** This permit shall accompany the remains in transit.

State of New Mexico United States of America New Mexico Vital Records and Health Statistics



Note. This form	i dues no	replace the completing and		i tilicate or	Death of a Repor	it oi retai Dea		<u> </u>	<u> </u>
								· · · · · · · · · · · · · · · · · · ·	Sec. 114.
		- DO NOT COMPLETE PART							
□ FETA	L KEWAII	NS DO NOT COMPLETE PA	AKI A						
		'S LEGAL NAME (First, Middle, Last, Suffo	)				<del></del>		******
PART A	Eric Be	engt Gyllenhammer							
PERSONAL	SEX	DATE OF DEATH (Month/Day/Year)	AGE - Last Birthday (Years)	INFANT - If un	der 1 year	INFANT - If under 1	day	DATE OF	BIRTH (Month/Day/Year)
DATA ON DECEASED	Male	May 07, 2012	73	Months <<<>>	>> Days <<<>>>	Hours <<<>>>	Minutes <<<>>>	Nove	mber 29, 1938
						-			
PART B	FAMILY NA		<u> </u>			1	RY (Month/Day/Year)		TE OF DELIVERY
FETUS	<<>>>	>				<<<>>>		<	<>>> 
PART C	METHOD ( ☐ Buria	OF DISPOSITION  □ Donation	☐ Remo	oval from State		PLACE OF I	DISPOSITION - Name	e of Cemeter	y / Crematory or Other Place
PARIC	Crem				<<>>>	Direct	Funeral Serv	rices C	rematory
	DISPOSITIO	ON LOCATION (City, State and Country	•		New Maying	LICA			
METHOD AND PLACE OF DISPOSITION	EUNEDAL C	SERVICE FACILITY NAME	Alb		e, New Mexico		Address City State 7	· Code	
		Funeral Services			2919 Fourth S	-			7107
	NAME OF F	UNERAL DIRECTOR or PERSON ACT	ING AS	TITLE of AUTH	HORITY	•	LICENSE NUMBER	R DAT	E ISSUED (Month/Day/Year)
	AUTHORITY	r eth Rymarz-Misener		KE FSP □ DD	☐ ASSOC. ☐ Other (Specify): _	<<>>>	767	м	ay 10, 2012
		DEATH OCCURRENCE - Give Name of H	lospital or Other Facility				<u> </u>		<del></del>
	Univers	sity Hospital (UNM Hosp	oital)						
		F DEATH OCCURRED IN A HOSPITAL  IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL  IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL  OUT OF THE PROPERTY OF T							
		gency Room / Outpatient	On Anivai	Decedent's Re	*	ted Living Facility	Todie Li Oulei,	Specify	
-	is issue	ed under the authority	of the Nev	v Mexico	State Regist	trar and sha	all accompa	any the	e remains in
transit.									
		eports having been file							
		aration and disposal							
		d) constitutes authority							
` '		in-state by a person							
		permit must mail or f		of compl	eted permit w	vithin 24 ho	urs of Date	Issue	d to:
		Records State Registr	ar						
Post Office									
Santa Fe, N Fax Numbe									
1 ax 14umbe	1. 1-000	3 027 1701							
	I her	reby certify that	the crem	ated re	emains of E	Eric Beng	t Gyllenh	ammer	•
accom	panyir	ng this permit was	s dispose	d of ir	n accordanc	e with i	ts terms		
	At Ru	ıral Cemetery			Town _	Southbor	ough, MA		
	on Ju	ine 16, 2012	Fina	1 Dispo	osition _	Section	M, Grv#1	21A	
	Certif	fied by	Called	Our -	des	<del></del>			
		Ceme	etery//Su	perviso	or				

NMVRHS REV. 01/06-B

#### **Burial-Transit Permit - Cremation Authorized**

Permit no. 1257847

	Name of Deceased LOIS GREY HARRING	TON	RECE!	VED	ate of Death November 21, 2017			
Personal data on deceased	sex Female	Age 72 Years	COLUMBUS	OFFICE	FRANKLIN			
	Cause of Death CERVICAL CANCER		- 2018 APR 30 - A 11: 22					
place of disposal	Burial Cremation	Other (Specify)						
	Name of Cemetery OHIO FUNERAL SUPP	ORT SVCS	SOUTHBORG					
	A satisfactory Certificate of Death h	as been filed as requir	ed by the laws of this s	tate. Permission to	o dispose of the body as indicated above is			
Authorization to dispose of body	Funeral Director BUXTON, SHIRLEY E	5464 N. HIGH ST COLUMBUS, OH 43214						
	Registrar/Sub-Registrar SNYDER, CLAY		Registration district no. 2100	1001011	Date of Issuance November 28, 2017			

HEA 2721 Pay 01/07 This permit must be retained by superintendent or person in charge of cemetery for a period of five (5) years

	· ·		
		EMAINS WERE DISTORED OF	•
IN ACCURAGE WITH	To Tenns AT THE	hoix wir van beson!	
Tears or Incheson	<u>V</u> SÜMML	LE .	
Ama ( m H/ = m) while	v kr	6. Allin - Da	
Sunkinger My of		O. Hem - In	
DISPOSITION THE	DATE OF DISPOSITION		
Engla of	Alux 26, 2018	Enisce A. Querey- desc	0

\$126 2017 19.300 SEC. 11-2057, LOT 46, EN 8A (CRAWS) KOREA AMERICA

TO: RECEIVED AS OFFICE

2017 MAY -5 A 10: 51



# SOUTHBOROUGH, MA State of Florida, Department of Health, Bureau of Vital Statistics BURIAL TRANSIT PERMIT

DATE PRINTED: April 11, 2017

TRACKING NUMBER: 2017059658

1.

#### **DECEDENT INFORMATION**

Name of Deceased

Date of Death

EDWIN A HECKMAN

April 8, 2017

Place of Death - County

City, Town or Location

Name of facility, or street address if not a facility

**PASCO** 

**NEW PORT RICHEY** 

MARLIERE CARE CENTER

Name and Address of Funeral Home/Direct Disposal Establishment

Fla. Lic. No./Reg. No.

Phone Number

NATIONAL CREMATION & BURIAL SOCIETY - HUDSON F040242

F040242

(727) 847-4745

13011 US HWY 19 HUDSON, FLORIDA, 34667

Funeral Director/Direct Disposer

TANYA R. PARKER

Fla. Lic. No./Reg. No.

F047591

2.

#### **BURIAL - TRANSIT PERMIT**

The Florida Department of Health, Bureau of Vital Statistics hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

*•*3\_\_\_\_

**Permit Number:** 

2017-F040242-5130

Date Issued:

April 10, 2017

State Registrar

3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

**Authorization given by Medical Examiner District** 

6

Approval Number:

71704445

4.

#### **CEMETERY OR CREMATORY**

Place of Disposition:

Method of Disposition: Sural of Chemans nemans

Date of Disposition:

Am 26, 201

EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326E, 10/12

64V-1.011, Florida Administrative Code

No.U4854b8

**DISPOSITION / TRANSIT PERMIT** 

(See reverse side for completion instructions) 2010 AT 12:00

RECEIVED AND FILED IN THE OFFICE OF THE TOWN CLERK JONE 21, 2010 AT 12:00 III								
Section A – Local Registrar or Funeral Director PAUL J. BERRY, TOWN CLERK  Transcribe information as listed on Certificate of Death per corresponding item numbers in parenthesis.								
Full Name of Decedent (1.)	<b>Sex</b> (2.)	Date of Death (4.)	Date of Birth (6.)					
Edward George Harris County of Death (8b.) City, Boro, Twp. of Death (8c.)	Facility Name (8d.)	3-28-2010	4-30-1917					
1								
Chester Kennett Square	Kendal AT	+ Longwood	d					
i /	□ No	<u> </u>						
Cause of Death (27.)								
Failure to thrive Diabetes Mellin  Authorized Method of Disposition (Check all that apply)	us Prostate	Cancer Hy	pertension					
Authorized Method of Disposition (Check all that apply)		ŀ	isposition (21b.)					
☐ Burial ☐ Entombment ☑ Cremation (Authorization No., if applicab	) Doi							
Removal from Pennsylvania (Specify method of removal, if applicable		_)   3-3	1-2016					
Place of Disposition (Name of cemetery, crematory or other place as listed in	em 21c <b>.)</b>							
Hockessin Crematory Company Location (City/town, state, zip code as listed in liam 21d.)								
Location (City/town, state, zip code as listed in Rem 214.)		County (if in Pennsylva	ania)					
Hockessin Delaware		·						
SIGNATURES BELOW CERTIFY THAT APPROPRIATE INDIVIDUAL HAS ME								
28 PA CODE, CHAPTER 1 AND ANY OTHER COMMONWEALTH LAWS REGARDING DISPOSITION OF DEAD BODIES.  Section B – Local Registrar								
Signature and district number of Local Registrar issuing permit:	Was this permit released as a	blank pre-signed permi	t prior to filing the					
	death certificate?	bidin pro digrica porm	t prior to ming the					
Marie Defes	. □ Yes	s 🗷 No	••					
Complete Address	If yes, date released to funera	I director:	_					
117 Kildare Lane Aston, PA 19014-1228	If no, date permit issued by loc	nol registror: 3 - 3	1 - 10					
Section C – Funeral Service Licensee (or person acting as such)		emetery or Crematory						
Funeral Director License # <u>CCSSCEC</u>	I certify that disposition has be permit in the location as indica		od(s) authorized by this					
Signature of Funeral Service Licensee (or person acting as such):	Signature of Cemetery or Cre	ematory Official (or repre	esentative of facility					
	receiving donated remains):	Date of						
Date 3-31-10	► Hoctobin Cucin Complete Address	ativy Disposit	3/31/10					
Comptete Address Chandler Funeral Home 2506 Concord Pike	Complete Address 7230 (ancaste	Pike Hock	easin NF					
Wilmington DE 19803	WSC William		(970)					
INSTRUCTIONS F		6-12-13-13-13-13-13-13-13-13-13-13-13-13-13-						
This permit is valid for 30 days only fron		•						
Copies 1, 2 & 3: Issuing local registrar provides Copies 1, 2, & 3 to ful these three copies to cemetery/crematory official or representative of factors and the copies to cemetery of the copies to cemetery of the copies to cemetery of the copies to copies to cemetery of the copies to copies to cemetery of the copies to copies to copies to cemetery of the copies to copies to copies to cemetery of the copies to cemeter of the copies to cem	cility receiving donated rema	ins. If there is no cer	netery official,					
contact the Division of Vital Records at (800) 842-5040, Ext. 656-3154. Upon completion of disposition, cemetery/crematory official or representative of other facility distributes copies as follows:								
(1) Cemetery, crematory, or facility receiving donated remain								
(2) Submit within ten days to the local registrar in the district where cemetery, crematory, or other facility is located. Contact the Division of Vital Records at (800) 842-5040, Ext. 656-3154, for the name and address of appropriate local registrar in district where disposition occurred.								
(3) Submit at the end of each month to: <b>Division of Vital R</b>	cords, PO Box 1528, New	Castle, PA 16103.						
(3) Submit at the end of each month to: Division of Vital Records, PO Box 1528, New Castle, PA 16103.								
Copy 4: Issuing local registrar retains for his/her files.								

COPY 1

The cremated remains accompanying this permit was disposed of in accordance with its terms at <a href="Rural Cemetery">Rural Cemetery</a> in Southborough, Massachusetts on June 19, 2010 in Grv1A of Lot37-S of Sec.C-West. Cemetery Supervisor 6/21/2010

#### PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

STATE OF NEW HAMPSHIRE							1. BURIAL PERMIT NO		
	BUR	IAL TRANSIT P	ERMIT	[			2. CITY OR TOWN		
3. DECEDENT'S I	NAME (First,						4. SEX FEMALE	1	ATE OF DEATH (Month, Day, Year)
3. AGE	7. DATE	OF BIRTH (Month, Day, Year)	8. CIT	ry, town	, OR LOCAT	ION OF	DEATH	•	9. COUNTY OF DEATH
94 Years	JUL	Y 16, 1918	HA	NOVER					GRAFTON
10. METHOD OF	DISPOSITIO	N (1.Burial 2.Temp. Entombm	ent 3. Cremat	tion 4.Dor	nation 5. Mai	ısoleum	6.Other):		CODE: 3
11. PLACE OF DI	SPOSITION	(Name of cemetery, crematory of	or other place)	)	VALLEY	CREM	ATORY		
2. LOCATION (	City/Town, St	ate) HARTFORD, VT							
13. DATE OF DIS	SPOSITION (F	Refer to 19a) MARCH	5, 2013						
4. IF ENTOMBE	D (OR CREM	ATED) PLACE OF FINAL BURI	AL	UNKNO	WN			-	
15 LOCATION O	E EINIAI DISI	POSITION (City/Town, State)	LINIKI	NOWN					
13. LOCATION O	T INAL DISI	r Corrion (City/Town, State)	OIV						
	A CERTIFIC	CATE OF DEATH, HAVING PEA		REQUIRE	D BY THE L	AWS OF	THS STATE, P	ERMISS	ION IS HEREBY GIVEN TO:
16. FUNERAL DIF	RECTOR	JOHN W WILSON	*** *					17. 1	N.H. LIC. NUM ONLY 673
8. NAME AND L	OCATION OF	FACILITY (City/Town, State)	RA	ND-WILS	SON FUNE	RAL HO	ME INC, HAN	OVER,	NH
19. COUNTER SI		IT(City Board of Heath/Sub-Reg	ister if app.)		20. CITY/TO				21. DATE ISSUED (Month, Day, Year) MARCH 4, 2013
		CEMETERY OR STORAG	E VAULT AU	THORITY			ACEBELOW W	HEN'AI	
22. IF STORED, E	BODY WAS F	PLACED IN (Name of Storage Va	ault)	23. DAT	E STORED	Month, C	Pay, Year)	24. Cl	TY/TOWN, STATE
25. SIGNATURE (	OF SEXTON	OR PERSON IN CHARGE OF	STORAGE VA	AULT		26. DAT	TE ISSUED (Moi	nth Day	Year)
								, ວວງ	, 1001)
	4:	CEMETERY	OR CREMATO	ORY AUT	HORITYSH	LĽ ÉĽL	OUT SPACE B	ELOW	4.44
27. TYPE OF DIS		Cremated, buried, etc.)	28. DATE (	<del></del>			29. NAME AN	D LOCA	ATION OF CEMETERY OR VAULT
cremation burial (Month, Day, Year)						(City/Towr	ı, State)	Rural Cemetery	
Sec.C-West, Lot37s, Grv#1B 5/17/2013						Southborough, MA			
30. SECTION		31. GRAVE NO.	32. SIGNAT	URE OF	SEXTON OF	PERSO	N IN CHARGE		
C-We	st	1B	(5)	5./	n. A		tu )		
		by the Sexton or person in char	ge (or by the F	uneral Di	irector where	there is	no Sexton) must	be forw	arded within six days to
e clerk of the tov	wn in which th	he disposition takes place.							

## **Interment Order**



Cemetery*	Southborough Co				
cemetery	Southborough Ce	emetery Sour	thborough, MA.	<del></del>	
Deceased:	Hartwig	City, Thelma			
Deceaseu	Last name		R.		
	Last Hante	First name	Middle		
Address: _	2 Red Gate Lane				
	Street	City	State		
Date of Dea	ath: <u>June 5, 200</u>	Place Glo	oucester, MA.	_ <b>Age</b> 84_	
Funeral: <u>So</u>	uthborough Cemet Place Tin	ery 11 AM Sat ne Day	urday, June Date	14, 2003	
Funeral Dir	ector: John W. James C.	Greely Greely Funera	ıl Service, In	Glouceste:	78-253-1698 r, MA. 01930
Cemetery I	nformation:				
Numl	ber of Graves in Lo	t: Gra	ve No3A		
Section	on Lot No.	Crem	ation X		
	Full Bu	rial			
Owi	ner of Lot: Hartw	ig Willi	am A.		
		name First na	me Middle	<u></u>	
lecedent and lecedent as a nake this aut	fy that I am the (githat this is your aubove indicated. I had thorization and I ago this indication.	ithority to make iereby certify and gree	deposition of th d represent that	e remains of said I have the right	d to
Signe		luri al Representative	Dated: June	10, 2003	
Addre	Owner or Leganss: 2 Red Gate La	ane, Southboro	ugh, MA. 01772	2	
	Sof	-485-026	4		
Date of Int	erment June 14,	2003 Se	c., 6 Lot	12A Grv#	_3A
Supervisor		Bridget A. Gil	Veney	<b>:</b>	

Received and filed in the Office of the Town Clerk Sept. 30, 2004, 4pm



STATE OF HAWAII DEPARTMENT OF HEALTH

## Paul J. Berr STATUS MONITORING BURIAL-TRANSIT PERMIT

Town Clerk PERMIT NO. 2004 - 004670

NAME OF DE	CEASED (FIRST, MIDDLE, LAST)	)					DATE OF DEATH
MICHAEL	CHARLES HEATON						August 30, 2004
SEX MALE	RACE CAUCASIAN		AGE 35 Yr(s)	PLACE OF DEATH (CIT	TY OR TOWN)	(COUNTY) HONOL	(STATE) ULU HAWAII
						*******	
DISPOSITION		PLACE C	OF DISPOSITION	(NAME OF CEMETER)	OR CREMATORY)		
REMOVAL		JOHN N	MATTARESE F	UNERAL HOME			
DATE OF DISE	POSITION:	(CITY OF	R TOWN, COUN	TY, STATE OR COUNTR	RY)		
September 4	l, 200 <u>4</u>	ASHLAN	NE, MASSACH	IUSETTS			
NAME OF FUN	IERAL ESTABLISHMENT	<b>∵</b>		BUSINESS ADDRESS			
BORTHWIC	K MORTUARY			1330 MAUNAKEA ST	REET HONOLULU,	HI 96817	
A CERTIFICA	ATE OF DEATH HAVING BEE	N FILED,	PERMISSION	IS HEREBY GIVEN	TO DISPOSE OF TH	IS BODY	
SIGNATURE C	OF LOCAL REGISTRAR		(	CITY OR TOWN)	(COUNT	Y)	DATE
>>	Manus			HONOLULU	HONO	LULU	September 2, 2004
AUTHORIZED	DISPOSITION AS STATED See	2. A.	Lot 30, G	rv#3 SIGNATUR	RE OF PERSON IN CHA	RGE OF CEM	ETERY OR CREMATORY 1
ABOVE OCCU			, 2004	>> <u></u>	Berdaet U. HII	Perus - 110	e l'imo
_	tion occurred at Ru		• -	•	- ,	7	1103154
1 Where no o	designated person is in charge	of a ceme	etery, the funer	al director should sign	here. The person s	igning is resp	onsible for returning
this permit	within 10 days to the registrar	of the dist	trict in which b	urial or cremation took	nlace		

OHSM-9A \LASER (Rev. 2/97) Printed: 9/2/2004 13:47:49

## PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

PORM 61-1, 12/2019	<u> </u>					
s	STATE OF NEW HAMPS	HIRE	1. 84	JRIAL PERN	FIT NO	
	<b>BURIAL TRANSIT PER</b>	MIT	2. CI	TY OR TOW	N DE	CEIVED
3. DECEDENTS N BARBARA AN	VAME (Rirst, Middle, Lest) NN HEBDEN		4. SE	EMALE	S. DATE OF DEATH (Mont	
6. AGE	7. DATE OF BIRTH (Month, Day, Year)	8. CITY, TOWN, OR LO	CATION OF DEAT	H	9. COUNTY OF DEAT	191 A 941
79 Years	FEBRUARY 21, 1935	NASHUA			HILLSBOROUG	Н
10. METHOD OF (	DISPOSITION (1.Burlal 2.Temp, Entombment 3.	Cremation 4.Donation 5.	Mausoleum 6.0ths	er) :	CODECUTATION	BOROUGH, MAN
11. PLACE OF DIS	SPOSITION (Name of cametery, crematory or other	r place) RUR	AL CEMETRRY		***	
12 LOCATION (C	CityTown State Annual Res					
	Ry/Town, State) SOUTHBOROUGH, MA					
13. DATE OF DISF	POSITION (Refer to 19a) JULY 17, 2014					
14. IF ENTOMBED	(OR CREMATED) PLACE OF FINAL BURIAL					
15. LOCATION OF	FINAL DISPOSITION (City/Town, State)	Al Bara	Ma	1917	7-	
	ac cynuson, se	777143000			/2	A of some and the of Vention All PATER HOUSE
16. FUNERAL DIR	ECTOR NANCY G MORRIS		7=48990000		17. N.H. LIC. NUM ONLY	0000
18. NAME AND LO	CATION OF FACILITY (City/Town, State)	MORRIS FUNERAL	NOME SOUTH			, vada
	NED AGENT(City Board of Heath/Sub-Register If				21. DATE ISSUED (N	fonth Day Your)
CARL A MIC		•	BHUA		JULY 17, 2014	Nite is Day, 10as
			Ret ALVE			450,000,000
22. IF STORED, BO	DDY WAS PLACED IN (Name of Storage Vault)	23. DATE STORE	ED (Month, Day, Ye	er) 2	4. CITY/TOWN, STATE	
				Ĭ		
25. SIGNATURE O	F SEXTON OR PERSON IN CHARGE OF STORA	IGE VAULT	26. DATE 199	UED (Month,	Day, Year)	
•						
aller a recommended to						
AT THE OF BIOD	entransport of the source of t		The second second	N. E.		
		DATE OF DISPOSITION Month, Day, Year)		lAME AND L Cily/Town, S	OCATION OF CEMETERY	ORVAULT JOUTABARO
Du	red	hely 17 2	014 6	) . An l	Os m. O. M	LIA-
30. SECTION		IGNATURE OF SEXTON		HARGE	young	14/1
Sec.C-Wes	<u> </u>		11.7	7		
Lot 56eas		1	Wllm-	16		
	eing signed by the Secton or person in charge (or b n in which the disposition takes place.	y the Funeral Director why	ere there is no Sex	on) must be	forwarded within six days to	)

. *	
	Certificate of Cremation
. · · · · ·	
	This certifies that the remains of:
	Marjorie E. Hock
	were cremated on July 27, 2006 at the Cayuga Crematorium Incorporated, Dryden, N. Y.
	and these are the cremated remains of said body.
	Date of Death <u>July 25, 2006</u> Age 85
,	Funeral Home Riccardi Funeral Home
	Registered No. <u>5847</u>
	Dus 12 for the second
	(Manager)
	New York State Vandalism Fee Faid by Crematorius
NON	<u></u> ΣΧ <mark>ΟΧ</mark> ΟΧΕΧΕΙΑΘΑΘΑΘΑΘΑΘΑΘΑΘΑΘΑΘΑΘΑΘΑΘΑΘΑΘΑΘΑΘΑΘΑΘΑΘ
U U	TO DESCRIPTION OF A DISTRICT O
	I certify that the cremated remains identified on the reverse side were interred in accordance with cemetery regulations on:
•	Rural Cemetery  Date of Disposition 10/4/06 Place of Disposition Southborough, MA 01772
	(Cemetery Name)

Cemetery Supervisor

Signature / MAN

#### APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	USE BLACK	INK ONLY — MAKE I	NO ERASURES, V	VHITEOUTS,	РНОТОСОРІІ	ES, OR OTHE	R ALTERATIONS	
1A. NAME OF DECE	SEX 3. DATE OF BIRTH (MONTH, DAY, YEAR) 4. DATE OF DEATH (MON O7/30/1968 07/08/2007  4. CITY OF DEATH SAN RAFAEL  ANAME OF INFORMANT  LEWIS HORTON FATHER  5. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP COTE  B. LOWELL ROAD  WELLESLEY, MA 02481  CKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the into control disposition pursuant to Health & Safety Code Section 7100, and that the disposition into control disposition pursuant authorized by Health & Safety Code Section 103055.  ERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISF is permit is issued in accordance with provisions of the California Health and Safety Code and is the authorized by Health & Safety Code Section 103055.  ERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISF is permit is issued in accordance with provisions of the California Health and Safety Code and is the authorized by Health & Safety Code Section 103055.  D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA MARIN HEALTH DEPARTMENT 20 NORTH SAN PEDRO ROAD, SUITE 2006  SAN RAFAEL, CA 94903  AUTHORIZED DISPOSITION(S)  TR/BU  TERMIT 101  BURIAL OR CATTERING IN A CEMETERY  BURIAL OR CATTERING IN A CEMETERY  SOUTH DEPARTMENT CEMETERY  SOUTH CEMETERY  SOUTH CEMETERY  SOUTH CEMETERY  SOUTH CEMETERY  SOUTH CEM		1C. LAST HORTON					
	•	YEAR)	l e	(MONTH, DAY, Y	EAR)	5. (FET	AL DEATH ONLY) DATE	OF EVENT (MONTH, DAY, YEAR)
6A. CITY OF DEATH SAN RAFAL	 ≣L				6B. COUNTY O	F DEATH—IF OL	JTSIDE OF CALIFORN	IA, ENTER STATE
			i	TO DECEDENT	LICENSED FUN	NERAL DIRECTO ICH—STREET NU	SS OF CALIFORNIA- R OR PERSON JMBER AND NAME,	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD602
8 LOWELL	ROAD	TREET NUMBER AND NA	ME, CITY, STATE, ZIF	PCODE	330 RED	S CHAPEL HILL AVE SELMO, CA	. OF THE HILL A 94960	.S
right to control dispos stated herein is one o	ition pursuant to Health & Sai f the dispositions authorized I	fety Code Section 7100, an by Health & Safety Code Se	d that the disposition action 103055.	9A. APPLICANT	Ceni	~ X		9B, DATE SIGNED
This permit is issued of California.	n accordance with provisions	of the California Health ar	nd Safety Code and is t	the authority for th	e disposition spe	cified in this perm	it. NOTE: This permit	
7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP COT  8 LOWELL ROAD WELLESLEY, MA 02481  ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.  PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISF This permit is issued in accordance with provisions of the California Health and Safety Code and is the au of California.  10A. AMOUNT OF FEE PAID 10B. DATE PERMIT ISSUED 10C. \$11.00  10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA MARIN HEALTH DEPARTMENT 20 NORTH SAN PEDRO ROAD, SUITE 2006 SAN RAFAEL, CA 94903  11. AUTHORIZED DISPOSITION(S)  TR/BU  12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY SOUTH BORD SOUTH S	1	S SCHWA	GISTRAR ISSUII .RTZ, MD	NG PERMIT	E@			
MARIN HEA 20 NORTH	ALTH DEPARTME SAN PEDRO RO	ENT		NIA 10E. AD	DRESS OF REGI	ISTRAR OF DIST	RICT OF DISPOSITION	N—IF DIFFERENT FROM 10D
	SPOSITION(S)				FC	OR CORONER'S	USE ONLY	
BURIAL OR SCATTERING IN A CEMETERY (INCLUDES	Rural Ceme Southborou	etery igh, MA 01772	<b>!</b>			5, 2008	1	ENT NUMBER—IF APPLICABLE -West, Lot 47  OR SCATTERING
					13B. DATE CRE	MATED	# / / · · · · /	ION NUMBER AF APPLICABLE
CREMATION					13D. SIGNATUR	E OF PERSON IN	N CHARGE OF CREMA	ATION
	14A. NAME AND ADDRESS	OF CALIFORNIA FACILIT	TY RECEIVING REMA	INS	14B. DATE REC	EIVED		
SCIENTIFIC USE					14C. SIGNATUR	E OF PERSON IN	N CHARGE OF FACILI	TY
TRANSIT			EMETERY,				ERSON IN CHARGE O	OF PLACING WITH THE CARRIER  IG WITH   15D. DATE SHIPPED
SCATTERING/	16A. ADDRESS, NEAREST SUFFICIENT TO IDENTIFY IF BURIAL AT SEA, ONLY E	FINAL PLACE AND CALIF	ORNIA DISTRICT OF	TION	16B. DATE OF D	DISPOSITION		NUMBER OF CREMATED POSER—IF APPLICABLE
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY					16D. SIGNATUR	E OF PERSON IN	N CHARGE OF SCATT	ERING OR BURIAL

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.\*

COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.\*

COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.\*

<sup>\*</sup> THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

#### INSTRUCTIONS FOR COPY DISTRIBUTION

- COPY 1 ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.
- COPY 2 RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE. OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
- COPY 3 RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.
- COPY 4 RETAINED BY THE REGISTRAR ISSUING THE PERMIT. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

#### SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7054.7, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BUREAU. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESPERSON'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DESIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. A STATE OR LOCAL AGENCY MAY ADOPT AN ORDINANCE, REGULATION, OR POLICY, AS APPROPRIATE, AUTHORIZING, CONSISTENT WITH THIS SECTION. OR SPECIFICALLY PROHIBITING, THE SCATTERING OF CREMATED HUMAN REMAINS ON LANDS UNDER THE AGENCY'S JURISDICTION. THE SCATTERING OF THE CREMATED REMAINS OF MORE THAN ONE PERSON IN ONE LOCATION PURSUANT TO THIS SECTION SHALL NOT CREATE A CEMETERY PURSUANT TO SECTION 7003 OR ANY OTHER PROVISON OF LAW. (HEALTH AND SAFETY CODE SECTION 7116.)

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS C-17174

			USE BLACK INK ONLY - MAK	E NO ERASI	URES, WH	ITEOUTS OR O	THER AL	LTERATIONS			
	NAME OF DECEDENT EAN	OF DEATH RAFAEL  DI NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS ITE'S CHAPEL OF THE HILLS, 330 REDHILL AND ANSELMO, CA 94960  LEDGEMENT OF APPLICANT  I hereby acknowledge as applicant that the proposed stated herein of the Health and Safety Code, and was authorized pursuant to Set the CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT INTO FOR THE DISPOSITION SPECIFIED IN THIS PERMIT SIZE OF CALIFORNIA STATEMENT OF DISTRICT OF DEATH — FDEATH OR OBJORNIA SHOW FINAL POSITION AND INTO THE DISPOSITION SPECIFIED IN THIS PERMIT SIZE OF CALIFORNIA STATEMENT OF DISTRICT OF DEATH — FDEATH OR OBJORNIA SAN PEDRO ROAD, SUIT SAN RAFAEL, CA 94903		1C. LAST (FAMILY) HORTON				2. DATE OF BIRTH MONTH, DAY, YEAR 07/30/1968	3. DATE O MONTH, D 07/08/	AY, YEAR	4. SEX M
S	CITY OF DEATH AN RAFAEL			ENTER STAT MARIN		OUTSIDE CALIF.,	LE\	E, RELATIONSHIP, FULL I FORMANT WIS HORTON,	, FATHE		CODE
M	ONTE'S CH	APEL OF THE			7B. CALIF. LIC — IF APPLI FD602	ENSE NUMBER ICABLE	WE	OWELL ROAD LLESLEY, MA NATURE OF APPLICANT	02481	ermet :8B. DATE	E SIGNED _
ACI	NOWLEDGEMENT OF AF	PLICANT I hereby acknowled of the Health and S	ge as applicant that the proposed stated herein i afety Code, and was authorized pursuant to Sec	is on of the dispos tion 7100 of the I	sitions authorize leakh and Safe	ed by Section 103055 ty Code.	► R	60 C	#~ <u></u>	- 07	11407
	PERMIT N	HE CALIFORNIA HEALTH AN TY FOR THE DISPOSITION S	ID SAFETY CODE AND IS THE AUTHOR- PECIFIED IN THIS PERMIT.	9A. AMOUNT \$11.00		9B. DATE PERM 07/10/20		PRED S SCH			PERMIT E
AN	INOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA THORIZATION OF SOLUTION  DISPOSE THEOLIPES A NEW UTTO SHOW FINAL DISPOSITION  MARIN HEALTH DEPARTMENT 20 NORTH SAN PEDRO ROAD, SI SAN RAFAEL, CA 94903  UTHORIZED DISPOSITION(S)  OTRANS  TIAL NAME AND ADDRESS OF CALIFORNIA CEMETER  11A. NAME AND ADDRESS OF CALIFORNIA CEMETER  THORIZED DISPOSITION (S)	TH DEPARTMENT AN PEDRO ROAD, SUIT		A 9E. ADDF	RESS OF REGISTRA	R OF DIST	TRICT OF DISPOSITION -	- IF DISPOSITION IS T	TO OCCUR IN ANOTHER	DISTRICT IN CALIFORNIA	
10.	AUTHORIZED DISP	OSITION(S)			FOR C	ORONER'S U	SE ON	LY			
С	R/TR/RES										
	cremains BURNAL	Rural Co				11B. DATE BURIE Aug • 5 • 2	008	AC. SIGNATURE OF PE	RSON IN CH	HARGE OF BU	enn-
ILE ITEMS	CREMATION		DRESS OF CALIFORNIA CREMATORY  MORIAL PARK, NOVATO			12B. DATE CREM. 7-/40	ATED 1	2C. SIGNATURE OF PI	RSON IN CH	HARGE OF CR	EMATIÓN
IL APPLICAE	SCIENTIFIC USE	13A. NAME AND ADD	RESS OF CALIFORNIA FACILITY REC	CEIVING REM	AINS	13B. DATE RECEI	VED 1	3C. SIGNATURE OF PE	ERSON IN CH	HARGE OF FA	CILITY
COMPLETE ALL APPLICABLE ITEMS	TRANSIT	RESIDENCE	RESS OF RECEIVING STATE OR COL EMATED REMAINS ARE TO BE SHIPP OF LEWIS HORTON, 8 LESLEY, MA 02481	PED		14B. DATE SHIPP	ED 1	4C. ADDRESS AND SIG OF PLACING WITH			CHARGE
J	SCATTERING/BURIA AT SEA OR DISPOSITION OTHE THAN IN CEMETER	SUFFICIENT TO IF BURIAL AT S	REST POINT ON SHORELINE, OR OTI IDENTIFY FINAL PLACE AND CA DIS EA, <u>ONLY</u> ENTER LATITUDE AND LON	TRICT OF DIS		15B. DATE OF DISPOSITIO		5C. SIGNATURE OF PE HARGE OF DISPOSITION	ON C	ID. LICENSE NU REMATED REM OSER — IF APPI	AINS DIS-

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

COPY 3

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9e (REV.12/04)

#### SPECIAL INSTRUCTIONS REGARDING CREMATION

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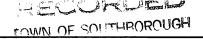
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	STATE OF BURIAL -						1. BURIAL 2. CITYO KEENE			
3. DECEDENTS NAME - (First, Middle, MARGARET ROCHE E	Last) IOWARTH					4. SEX FEMALE	3	5. DATE O	BER 23, 1	993
<sup>6</sup> 93 YRS APF	E OF BIRTH (Month, Day, Year)		8. CITY, TOW KEENE	N OR LOCA	TION OF DEATH	i		COUNTY O	RE	
10. METHOD OF DISPOSITION:  1. Burial 2. Temp. Entombment	1. PLACE OF DISPOSITION (NE RURAL CEMETERY	ame of cemetery	, crematory or oth		2. LOCATION ( OUTHBOR		)		DEC 28, 1	POSITION 993
CODE:		ATED) PLACE OF FINAL DISPOSITION 15. LOCATION (City/Town/State			15a. DECEDENT HAD OR SUSPECT TO HAVE MA CONTAGIOUS DISE			NTAGIOUS DISEAS		
A CERTIFICATE OF DEATH	1		REQUIRE INSE NO. ONL	Y 18. N	E LAWS: 0 AME AND LOCA EY FUNE	ATION OF FAC	ILITY (City/To	own/State)		GIVEN TO:
19. COUNTERSIGNED AGENT (City E DILUZIO SR, ROBER	er j		· þ	20. CITY/TO				DECEM	ISSUED (Month, Day, 1BER 23, 1	<sup>Year)</sup> <b>99</b> 3
CEMET	ERY OR STORAGE V	AULT AU	THORITY	SHALL F	ILL OUT S	SPACE BE	LOW WI	HEN APP	LICABLE	
22. IF STORED, BODY WAS PLACED					ORED (Month, D		24. CITY/	TOWN/STATE		
25. SIGNATURE OF SEXTON OR PE	RSON IN CHARGE OF STORAG	GE VAULT					26. DATE	ISSUED (Mon	ith, Day, Year)	
	CEMETERY OR	CREMAT	ORY AUT	HORITY						
27. TYPE OF DISPOSITION (Cremate	d, buried, etc.)		F DISPOSITIO		′ I	ME AND LOCA	TION OF CE	EMETERY, CF	REMATORY OR VAUL	T (City/Town/State)
Buried			mber 28			1 Ceme	tery,	Sout	hborough,	MA
00. 02011011	. GRAVE NO.	32. SIGNA	TURE OF SEXT	TON OR PER	SON IN OHARG	1	7//			
12 (1ot 4A) This permit, after being signed by	2	haraa (ar bi	the Eunerat	Director wh	brothere is no	Sevion	et be forw	arded within	six days to the cle	erk of the town i
This permit, after being signed to which the disposition takes place		narge (or by	uie Fulletai	Director Wi	oro trioro is re		20. 00 101 10			3, 4,0 454111

FORM BT-1, 1/92

IMPORTANT! SEE OTHER SIDE.



#### **READ CAREFULLY**

JAN 0 5 1994

OFFICIALS: This burial-transit permit shall be issued only upon RECEIPT of a completed (SIGNED) reality pertitions. In special emergencies telephone the Bureau of Vital Records (1-800-852-3345, extension 4655) for instructions.

FUNERAL DIRECTORS: The burial-transit permit is required for any manner of disposition of a dead body including interment, storage, cremation and transportation. A permit is required whenever a funeral director is to dispose of the fetus when a fetal death has occurred. When the fetal death has taken place in a hospital the funeral director will obtain the burial permit from the director of medical records at the hospital. The burial permit is attached to the hospital's fetal death report as a removable stub to be used as needed.

When used as a transit permit for transportation by common carrier, this permit or a duplicate thereof shall be enclosed in a strong envelope attached to the shipping case. No separate transit permit is required.

Embalming of the body of a deceased person is only required by law if the body is to be **exposed** to the public for more than twenty-four hours. (RSA 325:40-a) Embalming for shipping purposes prior to cremation is common practice but not required by state law.

**CREMATION:** When the body is to be cremated, 48 hours must elapse before cremation can take place and a separate cremation permit (VS MR) must be obtained from the medical examiner and submitted to the crematory with the burial permit (RSA 325-A-3). This does **not** mean that all bodies must be embalmed in order to be cremated. This permit does **not** need to follow **cremains** to their final disposition.

**SEXTON:** It is unlawful for any sexton, or any other person having charge of a burial place to permit burial or other disposition of a dead body before a burial permit is deposited with him (RSA 290:5). All permits must be preserved and forwarded within six days to the clerk of the town/city of burial (RSA 290:6).

**DISINTERMENT:** This burial-transit permit is **not** to be used as a permit for disinterment. A separate permit is **needed** for this purpose (VS DT-1) which is obtained from and processed through the Bureau of Vital Records and Health Statistics.

**STORAGE:** When a body is to be stored this permit will be completed by the sexton where the body is entombed and forward by such person to the local Town/City clerk where storage vault is located. When the body is to be moved from entombment for final disposal, the funeral director shall obtain this **same** permit from the Town/City clerk and use it as the permit for permanent disposal.

#### 2/15/02 Pg.174 Sec.6, Lot 40, Grv#2 FLORIDA DEPARTMENT OF

Stevrson, Hamlin, & Hilbish FLorida vault Pre-Instl

## State of Florida, Department of Health, Vital Statistics

APPLICATION FOR BURIAL - TRANSIT PERMIT 2/22/02 Received in the Office of the Town Clerk (TYPE) Year First Middle Last Date Month Day Name of of Deceased THELMA VIRGINIA **HUBBARD** 2002 02 03 Death (If neither, give street address) Place of Death City, Town or Location Name of Hosp. or County Lake **Tavares** Somerset on Lake Saunders Inst. Name of Medical Address Phone Number Ivette Santiago 3130 Waterman Way Certifier Tavares, FL 32778 352-742-8830 Medical Examiner X Physician Fla. Lic. No./Reg. No. Phone No. (Area Code) Name of Funeral Home/Direct Disposal Address Steverson, Hamlin & Hilbish Funeral Home Establishment 226 E Burleigh Blvd, Tavares, FL 256 352-343-4444 The medical certification has been completed and signed. A completed certificate of death accompanies this Check application. Appropriate Box was contacted on 02-04-02 b. **X** Dr Santiago He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, will complete and sign the medical and that certification of cause of death within 72 hours. . He/she verified that was contacted on , Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours. F.E. No./Reg. No. Date Signed Signature Funeral Director/ 2-5-02 **Direct Disposer BURIAL - TRANSIT PERMIT** B. Permit No. Permission is hereby granted to dispose of this body. A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours. No extension of time for filing the death certificate has been requested. Registrar or Date **Date Certificate** Subregistrar Signature Issued: 02-04-02 **AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA** C. Approval Number: Date , gave authorization by telephone to Medical Examiner, Funeral Director/Direct Disposer. The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations. CEMETERY OR CREMATORY Southborough Rural Cemetery D. Place of Disposition Sec. 6, Lot 40, Grv#2 on 2/15/02 Method of Disposition: BURIAL **STORAGE** Burial on February 15, 2002 Date of Disposition REMOVAL FROM STATE OTHER (Specify) CREMATION Signature of Sexton or Person-in-Charge

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.

## INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION FOR BURIAL-TRANSIT PERMIT FORM

#### **APPLICATION FOR PERMIT**

#### Section A.

- 1. Type name of deceased and date of death.
- 2. Indicate place of death: County; City, Town, or Location; Hospital or institution (if not in hospital or institution, give street address).
- Indicate the name, address, and telephone number of the Medical Examiner or physician who is to provide the medical certification of cause of death.
- 4. Indicate name, address, telephone number, and license number of funeral home or direct disposal establishment.
- 5. a. Check if a completed death certificate, including the completed and signed medical certification of cause of death, accompanies the pink copy of the application for Burial-Transit Permit to the Local Registrar of the county in which the death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.)
  - b. Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate, and the date he/she was contacted. The person contacted must be either the physician or a responsible person who can speak for him/her.
  - c. Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.
- 6. Requires the signature of applicant Funeral Director, FE License number, or Direct Disposer, Registration Number, and the date the Application was signed.

#### **BURIAL-TRANSIT PERMIT**

#### Section B.

If it is anticipated that the certificate cannot be filed within five days from the date of death, five additional days (exclusive of weekends) may be requested and granted by checking the box provided. If no extension of time is requested, check appropriate box.

The Registrar or Subregistrar who issues the Burial-Transit Permit will sign and date the Permit Application and assign the permit number. Section 382.006, Florida Statutes, requires that a Burial-Transit Permit be obtained prior to disposition or removal from the State and within five (5) days after death. It shall be mailed or delivered to the Local Registrar of the county in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.

#### **AUTHORIZATION FOR CREMATION, DISSECTION, or BURIAL-AT-SEA**

#### Section C.

Approval for cremation, dissection, or burial-at-sea must be authorized by the Medical Examiner. Space for his/her approval number and date are provided. In addition, space is provided for the name of the person obtaining telephone approval from the Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL.)

#### **CEMETERY OR CREMATORY**

#### Section D.

Required: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton.); check the appropriate box to indicate the method of disposition; fill in the date and place of disposition in space provided

on NOvember 15, 2008 Cert by Final Diposition Sec.E, Lot2-C, Grv#2A CERTIFICATE OF DEATH STATE FILE TYPE OR PRINT EII ING 123-STATE OF MISSISSIPPI NUMBER WITH BLACK INK DATE 3a HOUR OF DEATH 3b. DATE OF DEATH (Month, Day, Year) 2 SEX 1 NAME Middle I ast DECEASED 03:33 a.m. September 02, 2008 Lillian Jackson Female **A**Ann 5a. AGE AT LAST ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY 6. DATE OF BIRTH (Month, Day, Year) 7a. COUNTY OF DEATH BIRTHDAY 5b. MOS 5c. DAYS 5d. HOURS 5e. MINS RACE (Specify White. Black. American Indian, etc.) Years January Hosp on hist specifical lastate of BIRTH 7c. HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in THE CITY OF TOWN OF DEATH If death occurred in an institution, see HANDBOOK, regarding INPT. SEN A Wesley Medical Center (37m) Hattiesburg 11. SURVIVING SPOUSE (If wife, give 12. WAS DECEASED EVER IN maiden name) U.S. ARMED FORCES? 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 9. DECEDENT'S EDUCATION | Elem/High School College completion of RESIDENCE items (Specify only highest grade completed) (1-4, 5+) (Specify) (Yes or No) (0-12)Widowed No 15a. USUAL OCCUPATION (Kind of work done most of working life) 14. SOCIAL SECURITY NUMBER 15b. KIND OF BUSINESS OR INDUSTRY 13. ORIGIN OR DESCENT (Specify Cuban. Homemaker D18-18-7100 American Own Home For RESIDENCE Items, 16e. STREET AND NUMBER OR RURAL LOCATION 16b. COUNTY 16c. CITY OR TOWN 16d. INSIDE CITY LIMITS 16a RESIDENCE-STATE enter actual location
of home rather than (Specify Yes or No) 6490 Highway 49 Apt Mississippi Hattiesburg Yes Forrest 18. MOTHER-NAME Middle Middle First 17 FATHER-NAME PARENTS First Last 7Alba Carmella Ferro Salvatore 19a. INFORMANT-NAME (Type or print) 19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) INFORMANT 253 RODECT Jackson

20a. BURIAL, CREMATION. REMOVAL (Specify) Highway 49 Apt Hattiesburg 39401 21a. EMBALMER-SIGNATURE AND NUMBER 20c LOCATION (City and State) DISPOSITION "Not Embalmed" Cremation Memorial Gardens Picavune. 21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER 21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) Moore Funeral Home 18M P.O.

22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) 39403 2056 Hattiesburg MS Box 22b. PRONOUNCED DEAD (Month, Day, Year) | 22c. PRONOUNCED DEAD **PRONOUNCEMENT** (Hour) ON September 02, 2008 AT 03:33 a.m.

23b. MAILING ADDRESS (Street and number or route and box number. City or town, State, ZIP code) Dr. Grif Leek. MD 23a. CERTIFIER—NAME (Type or print) CERTIFIER Purvis MS 39475

24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. Blakley Wayne Davis - CMEI P.Q. Box 1963 24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. This This SIGNATURE Book Doy Wayne & Mississippi State Board of Health SIGNATURE P MD to be com to be com-pleted by 241. TITLE 24c. STATE LICENSE NUMBER 1 24b. DATE SIGNED (Month, Day, Year) pleted by medical physician if NOT a madical examiner Form No. 511 Revised 1-1-89 Lamar County Coroner 24d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 24g. DATE SIGNED (Month, Day, Year) September 02 200825. PART I, DEATH CAUSED IMMEDIATE CAUSE (Enter one cause only): Interval between onset CAUSE OF DEATH and death (a) Respiratory Failure
DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): Interval between onset Conditions, if any, which gave rise to immediate cause and death (b) End Stage Alzheimer s Disease
DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): stating the underlying cause last Interval between onset and death `(c) <u>Hypertension</u>

26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause Status Post CABG X 2. & Dementia 27. AUTOPSY (Yes or No.) Yes

28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No.) Yes

29a. ACCIDENT. SUICIDE, HOMICIDE, PENDING 29b. DATE OF INJURY 29c. HOUR OF INJURY 29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED (Specify) 27. AUTOPSY 28. WAS CASE REFERRED TO (Yes or No) MEDICAL EXAMINER? **Had Decedent** been Pregnant Use if Within 90 Days Prior to Death? due to 29e. INJURY AT WORK 29f. PLACE OF INJURY (Specify Home, Farm, Street, 29g. LOCATION (Yes or No) Factory, Office building, etc.) Street or route number State City or town naturat ☐ Yes ☐ No

I hereby certify the the cremated remains accompanying this permitwas disposed of in accordance with the terms, at Rural Cemetery Southborough, MA

**BURIAL TRANSIT PERMIT** 

2°15 KMR 25 A II: 20 COVEROROUGH, MA

# THE COPY

	nda
HE	ALTH

## State of Florida, Department of Health, Bureau of Vital Statistics

	BUI	RIAL TRANSIT PER	MIT	
HEALTH DATE PRI	NTED: March 17, 2015		TRACKING NUMB	ER: 2015042933
1.	DECE	EDENT INFORMA	TION	
Name of Deceased				Date of Death
JOSEPHINE JEROME				March 12, 2016
Piece of Death - County	City, Town or Location		Name of facility, or str	eet address if not a facility
INDIAN RIVER	VERO BEACH		901 37TH STREET	
Name and Address of Funeral Ho	me/Olrect Disposal Establic	shment	Fle. Lic. No /Reg. No.	Phone Number
STRUNK FUNERAL HOME AND C	REMATORY- VERO BEACH	F041804	F041804	(772) 562-2325
916 17TH ST VERO BEACH. FLORIDA, 32960				
Funeral Director/Direct Disposer				Fla. Lic. No./Reg. No.
R. MARSHALL VÖYLES JR				F043488
2.	BURI	AL - TRANSIT PE	RMIT	· · · · · · · · · · · · · · · · · · ·
The Florida Department of hereby grants permission	to dispose of this bo		th Chapter 382, Florid Permit Number: Date Issued:	a Statutes. 2016-F041804-5102 March 16, 2015
	State R	egistrar		
3. AUTHORIZATION fo	or CREMATION, DIS	SECTION, BURIAL	-AT-SEA, or HOSPI	TAL DISPOSITION
Authorization given by Medi	cal Examiner District	19	Approval Number:	C15-19-03-288
4.	CEMET	TERY OR CREMA	TORY	
Place of Disposition:	VERO BEACH CREMATO	RY		
Method of Disposition:	CREMATION		Date of Disposition:	
EDRS maintains all a burial transit permit, longer required. If the Place of Fir DH 326E, 10/12	nal Disposition wishes to	g the permit to the	ing the death record county health depai permit for their file they	rtment is no
64V-1.011, Florida Administrative Cod	ie			•

I hereby certify that the cremated remains accompanying this permit were disposed of in accordance with its terms:

at Rural Cemetery

Southborough, MA On March 24, 2015

2, Lot 38-B, Grv#2A

Final Disposition

Certified by

Cemetery Supervisor

[INSTRUCTIONS ON REVERSE SIDE] The Commonwealth of Massachusetts FOR USE BY STANDARD CERTIFICATE OF DEATH **PHYSICIANS AND** REGISTRY OF VITAL RECORDS AND STATISTICS MEDIČAL EXAMINERS REGISTERED NUMBER STATE USE ONLY DECEDENT - NAME STATE USE MIDDI F LAST · ONLY HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number PLACE OF DEATH (City/Town COUNTY OF DEATH MIDDLESEX PLACE 20U PLACE OF DEATH (Check only one) IF US WAR VETERAN HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA 32-10 HOSP DECEDENT'S EDUCATION (Highest Grade Completed) WAS DECEDENT OF HISPANIC ORIGIN? RACE (e.g. White, Black, American Indian, etc.) DECEDENT (Ifyes, Specify Puerto Rican, Dominican, Cuban, etc.) Elem/Sec (0-12) College (1-4, 5+) C YES TYPE Specify: AGE - Last Birthday UNDER 1 YEAR UNDER 1 DAY BIRTHPLACE (City and State or Foreign Country) DATE OF BIRTH (Mo., Day, Yr., (Yrs.) HOURS MINS DAYS Norces 100 VET. MARRIED, NEVER MARRIED LAST SPOUSE (If wife, give maiden name) USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY WIDOWED OR DIVORCED MARRIED 8 HISP RACE RESIDENCE - NO. & ST., CITY/TOWN, COUNTY, STATE/COUNTRY MBORO FATHER - FULL NAME STATE OF BIRTH (If not in US. (MAIDEN) STATE OF BIRTH EDUC. AWADA EORGE NO. & ST., CITY/TOWN, STATE, ZIP CODE INFORMANT AGE BURIAL ☐ ENTOMBMENT
☐ REMOVAL FROM STATE CREMATION NATIVITY DWARD 23 DONATION OTH. SPEC: PLACE OF DISPOSITION (Name of Cemeter) LOCATION (City/T DISPOSITION MARITAL 29 PART I - Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure Approximate Interval 15. RESID. se on each line (a through d). PRINT OR TYPE LEGIBLY. veen Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF **OUT-STATE** Sequentially list conditions, if any leading to immediate DUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (disease or injury that DUE TO JOB AS A CONSEQUENCE OF DISP initiated events resulting in death) LAST. PART II - Other significiant conditions contributing to death but not resulting in underlying cause given in Part I. WAS AUTOPSY WERE ALITOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO 31-32 **AUTOP** (Yes or No) COMPLETION OF CAUSE OF DEATH? (Yes or No) WAS CASE REFERRED 34 MANNER OF DEATH DATE OF INJURY TIME OF INJURY INJURY AT WORK MED EXAM **CERTIFIER** TO MED EXAM? NATURAL SUICIDE (Mo., Day, Yr.) (Yes or No) (Yes or No) ACCIDENT PENDING INVESTIGATION COULD NOT BE DETERMINED HOMICIDE 35h м 35c DESCRIBE HOW INJURY OCCURRED PLACE OF INJURY - At home, LOCATION (No. & St., City/Town, State) MANNER farm, street, factory, office bldg. 36a To the best of my knowledge, death occurred at the time, date, and place and due to the To Be Completed by MEDICAL EXAMINER Only 37a On the basis of examination and/or investigation in my opinion death occurred at the time, WORK INJ cause(s) stated date, and place and due to the cause(s) stated (Signature and Title) and Title) DATE SIGNED (Mo., Dav. Yr.) HOUR OF DEATH DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH PLACE 37b NAME OF ATTENDING PHYSICIAN IF NOT CERTIFIER PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Hr.) 37e 364 NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print) LICENSE NO. OF CERTIFIER CERT 36-37 39 40d NAME OF PRONOUNCING REGISTERED NURSE WAS THERE AN R.N. IF YES, DATE IF YES, TIME RN PRO PRONOUNCEMENT? PRONOUNCED NAME DATE BURIAL PERMIT ISSUED RECEIVED IN THE CITY/TOWN OF: DATE OF RECORD **BLACK INK ONLY** CLERK'S SIGNATURE SIGNATURE - BD. OF HEALTH AGENT R-301-89 our name

#### SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING	MILITARY SERVICE:		DAT	E OF DISCHARGE:_	
SERVICE NUMBER:_			RANK, RAT	ING:	
ORGANIZATION AND	OUTFIT:				
	USE ONL		E BLAC		
TO CERTIFIER:	Complete the following	g items.	DO NOT COM	IPLETE ITEMS 1 TO	28 ON FRONT SIDE.
DECEDENT - NAME FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Mo., Day, Yr.)	<del></del>
1			2	3	
PLACE OF DEATH (City/Town)	COUNTY OF DEATH	HOSPITAL OR OTHER	NSTITUTION - Name (If not i	n either, give street and number)	
4a	4b	4c			
PLACE OF DEATH (Check only one):  HOSPITAL:    Inpatient	OTHER:	esidence Other (Specify)			

AND COMPLETE ITEMS 29-40 on reverse side. NOTE: Item #36 is for certifying physician only and item 34, 35, and 37 for medical examiners only. Items 38-40 are for both.

#### TO FUNERAL DIRECTOR:

- 1. Item #'s 1 through 28 must be completed. Strikeovers, erasures, etc. are not permitted.
- 2. File completed certificate with Board of Health or its authorized agent for the city or town where the death occurred (item #4a).

#### TO BOARD OF HEALTH AGENT:

- 1. Examine for accuracy and completeness.
- 2. Sign and date item #41 only after the certificate is satisfactory and the permit is issued.

#### **RULES OF PRACTICE**

1. The following cases must be referred to a Medical Examiner (MGL Ch. 38, Sec. 6). When any person in the Commonwealth is supposed to have died by violence, or:

by the action of chemical, thermal or electrical agents, or

following abortion, or from

diseases resulting from injury or infection relating to occupation, or

suddenly when not disabled by recognizable disease, or from

malnutrition, or from

sexual abuse, or

a child who is determined to be physically dependent upon an addictive drug at birth, or when any person is found dead.

2. In other cases, or if the Medical Examiner waives jurisdiction, the certifier may be (MGL Ch. 46, Sec. 9; Ch. 114, Sec. 45):

the attending physician;

the board of health physician;

the physician declaring such person dead;

a duly appointed registered hospital medical officer.

## RECEIVED TOWN CLERK'S OFFICE

COMMONWEALTH OF PENNSYLVANIA · DEPARTMENT OF HEALTH · VITAL RECORDS NO. 11: 2633586

DISPOSITION / TRANSIT PERMIT

(See reverse side for completion instructions)

SOUTHBOROUGH, MA

Section A - Local Re Transcribe Information as listed on Certificate of	istrar or Funeral Director  eath per-corresponding item numbers in parenthesis.	
Full Name of Decedent (1.)	Sex (2.) Date of Death (4.) Date of Birth (6.)	
HENRY JOHNSON	MALE 2.9. 2011 10.6.2010	
County of Death (8b.) City, Boro, Twp. of Death (8c.)	Facility Name (8d.)	
PHILA PHILA	ROLDOROUGH MEMORIAL HOSD.	
Was Decedent ever in the U.S. Armed Forces? (12.) ☐ Yes	□ No	
Cause of Death (27.) PENDING		
Authorized Method of Disposition (Check all that apply)	Date of Disposition (21b.)	
Burial   Entombment   Cremation (Authorization No., if app		
Place of Disposition (Name of cemetery, crematory or other place as liste		
	,	
Location (City/town, state, zip code as listed in Item 21d.)	County (if in Pennsylvania)	
SOUTH BOROUGH MA		
SIGNATURES BELOW CERTIFY THAT APPROPRIATE INDIVIDUAL HAS	METVALL REQUIREMENTS OF THE VITAL STATISTICS LAW 35 P.S., \$450:504; EALTH LAWS REGARDING DISPOSITION OF DEAD BODIES.	
Section B-	Local Registrar	
Signature and district number of Local Registrar issuing permit:	Was this permit released as a blank pre-signed permit prior to filing the	
agieno g. Devous	death certificate?	
PHILADELPHIA, PA 19107		
	Section D – Cemetery or Crematory Official	
Funeral Director License # FSO 5565	I certify that disposition has been completed by method(s) authorized by this permit in the location as indicated.	
Authorized Method of Disposition (Check all that apply)    Date of Disposition (21b.)   Date of Disposi		
$\Delta$ $C_{1}$ $C_{2}$ $C_{3}$ $C_{4}$ $C_{4}$	Date of	
0.411	1 X (-X	
	Complete Address / Rural Cemetery	
BOIS ROWEVELL IN		
	n date entered in Section C of this permit.	
	funeral service licensee (or person acting as such) who must provide	
(1) Cemetery, crematory, or facility receiving donated r	emains retains for their files.	
(2) Submit within ten days to the local registrar in the o	istrict where cemetery, crematory, or other facility is located. Contact :. 656-3154, for the name and address of appropriate local registrar in	

(3) Submit at the end of each month to: Division of Vital Records, PO Box 1528, New Castle, PA 16103.

Copy 4: Issuing local registrar retains for his/her files.

## INSTRUCTIONS FOR COMPLETION OF DISPOSITION/TRANSIT PERMIT

All individuals whose signatures appear on this Disposition/Transit Permit certify that he or she has met all requirements of the following:

- Vital Statistics Law 35 P.S., §450.504
- 28 PA Code, Chapter 1
- Any other Commonwealth Laws regarding disposition of dead bodies

#### Section A

Local registrar or funeral director is responsible for completion, as follows:

- Transcribe information as listed on Certificate of Death per corresponding item numbers in parenthesis.
- Indicate applicable method(s) of disposition.
- Enter county in which the cemetery, crematory, or other place of disposition is located if place of disposition is in Pennsylvania. If place of disposition is not in Pennsylvania, enter "N/A" if county unknown.
- Enter permit number (as it appears in top right corner of the Disposition/Transit Permit) on the Certificate of Death.

#### Section B

Local registrar releasing Disposition/Transit Permit is responsible for completion, as follows:

Disposition/transit permit is not valid unless the following information has been entered in this section:

- Signature and district number of local registrar.
- Complete address of local registrar.
- Date Disposition/Transit Permit was released to funeral director as a blank, pre-signed permit (prior to the filing of the Certificate of Death) OR date Disposition/Transit Permit was issued by local registrar.

#### Section C

Funeral Service Licensee (or person acting as such) is responsible for completion, as follows:

- Funeral director's license number, if applicable.
- Signature and complete address of the funeral service licensee or person acting as such.
- If Disposition/Transit Permit was released to funeral director as a blank, pre-signed permit prior to the filing of the Certificate of Death, funeral director must enter date Section A was completed. If not a pre-signed permit, funeral service licensee or person acting as such must enter date of signature.

IMPORTANT: The Certificate of Death must be filed with the local registrar who released the pre-signed permit (as reflected in Section B).

#### Section D

Cemetery or Crematory Official is responsible for completion, as follows:

- Signature and complete address of the cemetery/crematory official certifying that the burial or cremation has been completed by the method(s) authorized by this Disposition/Transit Permit.
- Date of disposition.

Please refer to the front of this permit regarding instructions for distribution of copies.

10/14/03 Pg. 154-B, Sec. 5, Lot 23A, Grv#3, Morris F.H., Flagg Palmer vault

Received and filed in the Office of the Town Clerk Oct. 28, 2003 9:00am Lati 5 Berry,

DISTRIBUTION OF COPIES: Place of Final Disposition

Place of Death

| Issuing Clerk - Retain Until

Endorsement Received

## STATE OF MAINE DEPARTMENT OF HUMAN SERVICES

#### PERMIT FOR DISPOSITION OF HUMAN REMAINS

1. FULL NAME OF DEC	EASED (First, Middle, Last, Jr., etc.)		2	2. DATE OF DEAT	'H (Mo., Dy., Yr.)
Elva Mae John	stone			October 9,	2003
	5. WAS DECEDENT Yes 6. PLACE OF I	DEATH (City or Town)			(State)
F 88	ARMED FORCES? No 🗵 Caribou,	Maine			
7a. NAME AND ADDRE	SS OF FACILITY OR AUTHORIZED PERSON			NERAL TABLISHMENT	•
duncan-Graves	Funeral Home, Inc., Presque	Isle, Maine		CENSE NUMBER	09063
8. PERMISSION REQUE	ESTED FOR: (Check all that apply) Tempore	ary Storage 🔀 Burial		Cremation	Mausoleum Mausoleum
	☑ Removal from State ☐ Burial at				Disinterment
9. AUTHORIZATION FOR PERMIT	Image: Example to a completed position of the complex to the com	Medical Examir Cremation, Remov at Sea, Use by	al from Sta	ite, Burial	Application or Court Order for Disinterment
	PERMISSION IS HEREBY GRAN THE HUMAN REMAI	TED TO REMOVE AND I		E OF	
10. SIGNATURE OF CL	ERK:OR:SUBREGISTRAR	11. CITY OR TOWN		12. DATE SIGN	ED (Mo., Dy., Yr.)
→ Mail C		Presque Isle		Oct. 10,	2003
	DISF	POSITION		1 000. 10,	2003
	13. NAME OF CEMETERY OR VAULT	THE THE STATE OF STAT	. LOCATIO	ON (City or Town)	( State)
REMAINS WERE PLACED IN					
TEMPORARY STORAGE	15. SIGNATURE OF PERSON IN CHARGE	OR MUNICIPAL OFFICIAL		16. DA	TE (Mo., Dy., Yr.)
	<b>→</b>				
REMAINS WERE:  Buried	17. NAME OF CEMETERY, CREMATORY, I OR OTHER DESTINATION	MEDICAL SCHOOL, 18	LOCATIO	ON (City or Town)	(State)
Cremated	Lyan Southboro Cemetery		Southbo	oro, MA	
☐ Placed in Mausoleur	_  19. SIGNATURE OF PERSON IN CHARGE,			· · · · · · · · · · · · · · · · · · ·	ATE (Mo., Dy., Yr.)
☐ Buried at Sea	OR OTHER AUTHORIZED PERSON	<i>l</i>			
☐ Medical Use	- Tunkt (1) The	Vinna		10/14	4/-03
DISPOSITION OF CREMAINS:	21. NAME OF CEMETERY, OTHER LOCAT	ION OR RECIPIENT 22	LOCATIO	ON (City or Town)	(State)
☐ Buried					
☐ Scattered	23. SIGNATURE OF RESPONSIBLE PERSO	ON		24. DA1	TE (Mo., Dy., Yr.)
☐ To Family	<b>→</b>				
	25. NAME OF CEMETERY OR VAULT	26	LOCATIO	ON (City or Town)	(State)
☐ REMAINS WERE DISINTERRED				T	
	27. SIGNATURE OF PERSON IN CHARGE	OR MUNICIPAL OFFICIAL		28. DA1	TE (Mo., Dy., Yr.)

**Directions:** The person responsible for the disposition must present four copies of this form to the municipal clerk or subregistrar for signature. The permit is not valid until it has been signed by the clerk or subregistrar.



#### State of Florida, Department of Health, Bureau of Vital Statistics **BURIAL TRANSIT PERMIT**

DATE PRINTED: September 17, 2018

TRACKING NUMBER: 2018

1.

#### **DECEDENT INFORMATION**

Name of Deceased

auurnat Date of Death

CHESTER EDWARD KENBOK

September 3, 2018

Place of Death - County

City, Town or Location

Name of facility, or street address if not a facility

**SEMINOLE** 

LONGWOOD

VITAS SUITES AT SOUTH SEMINOLE HOSPITAL

Fla. Lic. No./Reg. No.

**Phone Number** 

Name and Address of Funeral Home/Direct Disposal Establishment **NEWCOMER CREMATIONS, FUNERALS & RECEPTIONS F080231** 

F080231

(407) 260-5400

335 EAST STATE ROAD434 LONGWOOD, FLORIDA, 32750

Funeral Director/Direct Disposer

JESSICA R COMBS

Fla. Lic. No./Reg. No.

F073088

**Medical Verification Statement** 

Kathy at the certifying physician's office, was contacted on 09/04/2018 by the funeral director listed above; he/she indicated that MARC GORDON KAPROW, certifying physician, will complete and sign the medical certification of cause of death within 72 hours.

#### **BURIAL - TRANSIT PERMIT**

The Florida Department of Health, Bureau of Vital Statistics hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

Permit Number:

2018-F080231-5157

Date Issued:

September 4, 2018

State Registrar

7

#### AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

**Authorization given by Medical Examiner District** 

**Approval Number:** 

SM23870

4.

#### **CEMETERY OR CREMATORY**

Place of Disposition:

Method of Disposition: Burn or Chemines Keminus

RUNAL CHAMMETERS SOUTH MANUEL MA

Date of Disposition:

EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326E, 10/12

64V-1.011, Florida Administrative Code

#### PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

ORM BT-1, 12/2010						
S'	TATE OF NEW HAMP	SHIRE		1. BURIAL PER	RECEIVED	
	BURIAL TRANSIT PER	TIMS		2. CITY OR TO	TABUL OF TABLE 6	FF
JOAN KALLAN	AME (First, Middle, Last) IDER		The source of th	4. SEX FEMALE	5. DATE OF DEATH Monin (Pay Year)	11:
AGE 82 Years	7. DATE OF BIRTH (Month, Day, Year)  JULY 15, 1935	8. CITY, TOV	WN, OR LOCATION O	DEATH	9. COUNTY SOUTH BOROUGH	1.
). METHOD OF DI	SPOSITION (1.Burial 2.Temp. Entombment 3.	. Cremation 4.1	Donation 5. Mausoleun	6.Other):	CODE: 3	
I. PLACE OF DISP	POSITION (Name of cemetery, crematory or other	er place)	PHANEUF CR	EMATORIUM		
2. LOCATION (City	y/Town, State) MANCHESTER, NH					
. DATE OF DISPO	OSITION (Refer to 19a) FEBRUARY 1	3, 2018				
. IF ENTOMBED ((	OR CREMATED) PLACE OF FINAL BURIAL					
`						
. LOCATION OF F	FINAL DISPOSITION (City/Town, State)					
A.	CERTIFICATE OF DEATH HAVING BEEN FIL	ED AS REQUI	RED BY THE LAWS O	THS STATE PE	RMISSION IS HEREBY GIVEN TO:	
. FUNERAL DIREC					17. N.H. LIC. NUM ONLY 1051	11/53/35
NAME AND LOCA	ATION OF FACILITY (City/Town, State)	PHANEUF	FUNERAL HOMES	AND CREMAT	ORIUM, MANCHESTER, NH	
	ED AGENT(City Board of Heath/Sub-Register if HANEUF PLASZ	Гарр.)	20. CITY/TOWN		21. DATE ISSUED (Month, Day, Year)	
	GEMETERY/OR STORAGE/VAL	JET/AUTHORIT	GOFFSTOWN	ACEBELOW WA	FEBRUARY 9, 2018	SURSAY.
	DY WAS PLACED IN (Name of Storage Vault)		ATE STORED (Month,		24. CITY/TOWN, STATE	
					· · · · · · · · · · · · · · · · · · ·	
SIGNATURE OF	SEXTON OR PERSON IN CHARGE OF STOR	AGE VAULT	26. DA	TE ISSUED (Mont	h, Day, Year)	
	CEMETERY, OR CE	REMATORY/AU	THORITY:SHALLNEIU	OUTSPACE RE	TOW A STATE OF THE	Contract Con
		DATE OF DISP			LOCATION OF CEMETERY OR VAULT	研究
BURAC	a-	(Month, Day, Ye	ear)	(City/Town,		
Cremme		JUNE.	5, 2018	Car	monday ma	
SECTION	-1	SIGNATURE OF	SEXTON OR PERSO	N IN CHARGE		
-WESD	6'nth 31		(d x)	161.1 -	_ ' /) _	
s permit, after bein	ng signed by the Sexton or person in charge (or t	by the Funeral I	Director where there is	no Sexton) must h	e forwarded within six days to	
clerk of the town in	n which the disposition takes place.	-, sie i wieldi t	STOCK WING CONTROLS	no centuriyinde b	e ioiwaided wittiii six days to	

Jan 18 # 103305
2/15/2016

Symmetry Function for Chamaranian
603-622-1800

MANSIN FORTH 1/03

REMOVAL, TRANSIT, AND BU	rave #25, Wadsworth Funera: RIAL PERMIT E OF CONNECTICUT, DEPARTMEN HARTFORD, CONNECTICU	T OF HEALTH SERVICES	Vault PERMIT NO.	3/7/97
<ol> <li>THIS PERMIT: a. Is sufficient f town and also for interment; b. mus be given to person in charge of cemete sexton who must then forward it to the cemetery is located.</li> </ol>	t accompany body, and c. must ry and endorsed at bottom by the	2. THIS IS NOT a permit to (VS-48) must be obtained in a	•	
CAUSE OF DEATH TEMPORARY DISPOSITION III body	ONE/TRANSPORT/BURY THE BODY OF OPPLY OF DRIED OF PROPERTY OF PROPERTY OF THE BODY OF OPPLY OP	Thon's	THE STATE OF THE S	°8/6/92
FINAL DISSOSITION (Name and addr.	etery South	boro MASS		
Updownth F.H.	r or Embelfiner) (Address) BIS UNION	in dre Francis	abon MA.	(If embalmer, lic. no.)
Certificates required by state statute have been received and recorded.  Body has been prepared in accordance with the Public Health Code.	SIGNED (Registrar of Vital Statistics)  Aldied XIII X	Shorte W	THEORY	TRANSIT PASTER YES NO
SEXTON'S ENDORSEMENT	THE BODY FOR WHICH THIS PERMIT CEMETERY (Sexton's Signature)	MAS ISSUED MAS BURIED IN	ABOVE NAMED	3 /10 /92
:		<i>[]</i>	/	

# RECORDED TOWN OF SOUTHBOROUGH

MAR 1 2 1992

TOWN CLERKS OFFICE

02:57:03 p.m. 12-31-2014

2/2

6037923004

### PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Si	TATE OF NEW HAM	PSHIRE		1, BURIAL PER	MIT NO	ر و حدد پس ماند . ۲	المراسم حا
	BURIAL TRANSIT PE	ERMIT		2. CITY DR TO	<i>n</i> n		
	AME (First, Middle, Last)			4. SEX FEMALE	5. DATE OF DEA	TH (Month, Dey, Year)	. A %
JUDITH E KEAF	7. DATE OF BIRTH (Month, Day, Year)	A CITY TOWN	L OR LOCATION OF		9. COUNTY		<del></del>
78 Years	JUNE 26, 1836	BEDFORD	•		HILLSE	DROUGH THE	1101
	ISPOSITION (1.Burial 2.Temp. Entombree			6.Other):	CODE:		<del>ven</del> ,
1. PLACE OF DISP	POSITION (Name of comclery, crematory or	giher place)	RURAL CREM	ATORY			
2. LOCATION (CIL	ly/Town, Siele) WORCESTER, MA		100	<del></del>			
3. DATE OF DISP	OSITION (Refer to 192) JANUARY	'2, 2015	1,				
4. IF ENTOMBED (	(OR CREMATED) PLACE OF FINAL BURIA	L RURAL	CEMETERY				
5. LCCATION OF I	FINAL DISPOSITION (City/Town, State)	SOUTHBOR	ough, Ma	-			
	ASSERTIFICATE STORATOR AVINORIES	HERED AS REDUM	DIVIN LAND	新修新心理			
6. FUNERAL DIRE	ECTOR NANCY MORRIS				17. N.H. LIC. M.	M ONLY 0500	
a. Name and Lo	CATION OF FACILITY (Chy/Town, State)	MORRIS F	UNERAL HOME, S	CUTHEOROU(	eh, ma		
ADTUUR 6 8	NED AGENT(City Board of Heath/Sub-Regis PHANELIE		20. CITY/YOWN BEDFORD		DECI	ISSUED (Month, Day, Year) EMBER 31, 2014	
	MANUSCONDING TO THE PARTY OF TH	VAUCTAUTHORIT	PHACE PLOUS	ALPHETON,	THE PROPERTY OF		整整
	ODY WAS PLACED IN (Name of Storage Ve		TE STORED (Marith,		24. CITY/TOWN,	STATE	
			lae n	ATE ISSUED (Mo	oth Day VanA		
25. SIGNATURE O	OF SEXTON OR PERSON IN CHARGE OF S	STORAGE VAUL	20, 0	W1 E 1330 ED /wo	rint, Day, real)		
Ameters (1914) medicinitis (1		UKWATAKATAK	HABBITESHACER	TETTERACE	ETYTON BEEFE		
	COSITION (Cremated, burled, etc.)	28. DATE OF DISP	POSITION	29, NAME A	ND LOCATION OF (	CEMETERY OR VAULT	
	f cremated remains	(Month, Day, Yo	•	Rural	Cemetery	Southborough	, MA
Burial of		1			<del>\</del>		
Burial of	31. GRAVE NO.	32. SIGNATURE OF	F SEXTON OR PERS	on in Charge	/		

70920	the Office of the Town Clerk	Oct. 9, 2002 10:30am
HEALTH 34	ate of Fiorids, Department of Health, Vi APPLICATION FOR BURIAL - TRANSI	T PERMIT
A. (TYPE)		raul J. berry
1. Name of First	Middle Last	Date Townth Ler Say Year
Daceased Florence	Marie Kenbok	of Peath August 5, 2002
2. Place of Death City, Town	or Location Name of (If neith	er, give street address)
County Grange	Orlando Hosp. or Inst.	04 Constable Court
3. Name of Medical	Address	Phone Number
Certifier Dr. Robert Law Medical Examiner	11863 E. Colonial Driv Orlando, Florida 32826	
4. Name of Funeral Home/Direct Disposal	Addross	Fla, Lic. No./Reg. No. Phone No. (Area Code)
Establishment Dove Funeral	4310 Curry Ford Road	
Chapel & Crematory, Inc.	Orlando, Florida 32806	2114 407-851-1983
Appropriate application	al certification has been completed and signed. A d	completed certificate of death accompanies this
Box	54 C£\$ W W\$	s contacted on 08/05/02
He/she ver	TCE DIGIT METISSE	here was no accident nor other external cause of death,
and that	Dr. Law	will complete and sign the medical
certification	of cause of death within 72 hours. was contac	ted on He/she verified that
	HW2 COMMO	, Medical Examiner, will complete and sign the
medical ce	rtification of cause of death within 72 hours.	
		./Reg. No. Date Signed
Direct Dispose	UNDUD 42	08/05/02
2 4 5	THE PARTY OF THE PROPERTY OF THE PARTY OF TH	
Permission p dispose of	BURIAL - TRANSIT PERMIT this body.	Parmit No. 2114-295
		been requested and granted since the physician has
been conta	will not be able to complete the madical certification	n of cause-of-death section of the death certificate within
il .	tificate has been requested.	
Registrar or	Date	Date Certificate
Subragistrar Signature W	issued:	08/05/02 Due: 08/15/02
c. AUTHORIZ	ZATION for CREMATION, DISSECTION	, or BURIAL-AT-SEA
•		· ·
Approval Number:	Date	
Medical Examiner. 1000 William	, gave authorization by tek	
The Medical Examiner's approval must be obtained	Funeral Director/Direct Disposer.  Fined before disposal by any of the above methods	A waiting period of 48 hours lefter death is
required for all cremations.	amount before disposal by any of the above methods	, it waiting period of the treatment death is
D.	CEMETERY OR CREMATORY	·
Method of Disposition:	Place of Disposition	ORCC Services, Inc.
BURIAL STORAGE	Date of Disposition	8/7/02
Second Se	,	- Landing Contract of the Cont
CREMATION OTHER (Specify		
or Person-in-Charge	111111111111111111111111111111111111	
O Lettering Justine		
This permit must be endorsed by the Sexton on	person-in-charge (or by the Funeral Director/Dire	ect Disposer when there is no Sexton) and returned
within 10 days to the local County Health Depart	ment in the county where disposition occurred.	
OH 325, 9/97 (Obsoletes all pravious addigne)	Distribu	ition; White: Cemetery or Crematory Yellow; Funeral Director of Direct Disposer
(Stock Number: 5740-000-0326-2)		Pink: Local Registrar

DIUZ BX	sec.н,	Grv#132(baby) F	lowe Funeral, baby Casket/vault	· •
RECEIV D	VED AND I	FILED IN THE OF ION OF COPIES:	FICE OF THE TOWN CLERK JULY 19 Place of Final Disposition Place of Death	, 2002 AT 10:30 AM  Place Permit Issued  Issuing Clerk - Retain Until Endorsement Received
			STATE OF MAINE DEPARTMENT OF HUMAN SERVICES	PAUL J. BERRY, TOWN CLERK
		PERMIT	FOR DISPOSITION OF HUMAN	REMAINS
1. FULL N	AME OF DE	CEASED (First, Middle,	Last, Jr., etc.)	2. DATE OF DEATH (Mo., Dy., Yr.)
Bria	anna C. 1	Kennedy		July 10, 2002
3. SEX F	4. AGE 5 Mos.	5. WAS DECEDENT EVER IN U.S.	Yes 6. PLACE OF DEATH (City or Town) No KI Bangor Maine	(State)

 $\mathbf{K}$ 

11. CITY OR TOWN

Richmond

PERMISSION IS HEREBY GRANTED TO REMOVE AND DISPOSE OF THE HUMAN REMAINS IDENTIFIED ABOVE

19. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR,

. Burial at Sea

Report of Death

(Funeral Directors

Only)

DISPOSITION

15. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL

17. NAME OF CEMETERY, CREMATORY, MEDICAL SCHOOL, OR OTHER DESTINATION

21. NAME OF CEMETERY, OTHER LOCATION OR RECIPIENT

7b. FUNERAL

☐ Cremation

**Burial** 

Use by Medical Science

Medical Examiner's Release for

Cremation, Removal from State, Burial

at Sea, Use by Medical Science

ESTABLISHMENT LICENSE NUMBER 9594

☐ Mausoleum

☐ Disinterment

Application or

Court Order for

Disinterment

12. DATE SIGNED (Mo., Dy., Yr.)

16. DATE (Mo., Dy., Yr.)

Massachusetts

20. DATE (Mo., Dy., Yr.

7-15-02

24. DATE (Mo., Dy., Yr.)

28. DATE (Mo., Dy., Yr.)

(State)

(State)

July 11, 2002

14. LOCATION (City or Town)

18. LOCATION (City or Town)

22. LOCATION (City or Town)

26. LOCATION (City or Town)

Southborough

7a. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON

Completed

Death

Certificate

LERK OR SUBREGISTRAR

Rural Cemetery

ΓX

9. AUTHORIZATION

10. SIGNATURE OF

REMAINS WERE
PLACED IN
TEMPORARY

**STORAGE** 

**REMAINS WERE:** 

XX Removed from State

☐ Buried at Sea

☐ Medical Use

☐ Buried☐ Scattered

☐ To Family

☐ Placed in Mausoleum

**DISPOSITION OF** 

**CREMAINS:** 

☑ Buried
☐ Cremated

FOR

PERMIT

8. PERMISSION REQUESTED FOR: (Check all that apply) Temporary Storage

X Removal from State

Kincer Funeral Home 14 South Pleasant St. Richmond, Me 04357

13. NAME OF CEMETERY OR VAULT

OR OTHER AUTHORIZED PERSON

23. SIGNATURE OF RESPONSIBLE PERSON

25. NAME OF CEMETERY OR VAULT

Directions: The person responsible for the disposition must present four copies of this form to the municipal clerk or subregistrar for signature. The permit is not valid until it has been signed by the clerk or subregistrar.

27. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL

☐ REMAINS WERE DISINTERRED

# STATE OF NEVADA - DEPARTMENT OF HEALTH AND HUMAN SERVICES A 10: 25 DIVISION OF HEALTH - SECTION OF VITAL STATISTICS HEALTH AND HUMAN SERVICES A 10: 25

								JULIT	RUKUL	II.H. M	$\Lambda = H H$
A	139225 000	01979 Bl	JRIAL TRAN	SIT PERM	IT					<b>(</b> (1) (1)	1 / 1/4/ W
TYPE OR PRINT IN	1a. DECEASED-NAME (FIRST,MIDD	DLE,LAST,SUFFIX)			2 D/	TE OF DEATH (			NUMBER		·
PERMANENT	George F KILL	_AM			2.0/	February 22	•	ear)	Ba. COUNTY		
BLACK INK	3b. CITY, TOWN, OR LOCATION OF	DEATH  3c. HOSPITAL O	R OTHER INSTITUTION	-Name(If not eithe	r. give stree	t  3e.lf Hosp. o		cate DOA	OP/Emer I	Clark	
5-6	1 1/	and number)			, 5	Inpatient(Sp	ecify)			Rm. 4. 5	EX
DECEDENT	5. RACE White	I	3959 Cedared	ge Court 7a. AGE-Last	175.1	JNDER 1 YEAR	R	esidenc	e	L_	Male
	(Specify)		lon-Hispanic	birthday (Years)	M	OS   DAYS	HOURS	MINS			
IF DEATH	9a. STATE OF BIRTH (If not U.S.A.,	ION CITIZEN OF WHA	COUNTRY 10.EDUC	ATION 144 MARRIE	67	1				ay 20, 19	
OCCURRED IN	name country) Massachusetts	United Sta		DIVORCED	(Specify)	MARRIED, WIDO Divorced	OWED,	maiden r	VIVING SPC	USE (if wife	, give
HANDBOOK	13. SOCIAL SECURITY NUMBER		TION (Give Kind of Wor			b. KIND OF BUS	NESS OR	INDUST	<del>-</del> 7	Ever in US	Armed
REGARDING COMPLETION OF	024-32-2847	on a Life, Even if F	Retired) Fire C	Captain		Fire	Depart	ment		Forces?	
RESIDENCE ITEMS	15a. RESIDENCE - STATE 15	A 7	15c. CITY, TOWN OR	LOCATION	15d. STRE	ET AND NUMBER	₹			15e. INSIDE	CITY
<u> </u>	Massachusetts	W cester	Southbo	rough	61 Richa	ards Road					Yes
PARENTS	16. FATHER/PARENT - NAME (First			17. MOTH	IER/PAREN	IT - NAME (First			•	-	
		bert FALLA					en O F		<u> </u>		
	18a. INFORMANT- NAME (Type or Pri		18b. MAILING AI			lo, City or Town,					
	Kevin KIL  19a. BURIAL, CREMATION, REMOVA		C TERY OR CREM		-edaredg	e Court Las V					
DISPOSITION	Cremation	AL, OTHER (Spect) 19b.		Palm Cremator	v		19c. LOC		City or Tow		
	20a. FUNERAL DIRECTOR - SIGNATI	URE (Or Person Acting 36				ID ADDRESS OF	FACILITY		egas Neva	aua 89101	
	BART B			LICENSE	. HAME A		Im Mort		stern		
		AUTHENTICATED		50		7600 S Ea		-		123	
RADE CALL	TRADE CALL - NAME AND ADDRES	S									
	21a. To the best of my knowled due to the cause(s) stated. (Si		time, date and place ar		On the bas	s of examination nd place and due	and/or inv	estigation	, in my opini	on death or	curred at
	be a due to the cause(s) stated. (3)	ignature a ritie)				CKSON	to the cau		ed. (Signatu I <b>GNATUR</b> I	•	ITICATER
CERTIFIER	E 21b. DATE SIGNED (Mo/Day/	r) 21c. HOUR	OF DEATH	Ē 19—22b.	DATE SIGI	NED (Mo/Day/Yr)			OUR OF DE		I I IOA I ED
	0 ×			_3		uary 28, 2011				01:05	
	四 片 21d. NAME OF ATTENDING P ら 質 (Type or Print)	HYSICIAN IF OTHER THA	N CERTIFIER	<b>8</b>		NCED DEAD (Mo		22e. P	RONOUNC	_	T (Hour)
	23a. NAME AND ADDRESS OF CER	TIEIED (DUVSICIANI ATTE	NDING DUVEICIAN ME	EDICAL EXAM		uary 22, 2011 DNER) (Type or P		1 100	b. LICENSE	01:05	
		ISA M JACKSON				ONER) (Type of F	11111)	23	D. LICENSE	880	
REGISTRAR	24a. REGISTRAR (Signature)	NINETTE HARI	RINGTON	24b. DATE REC	Z _D BY	CISTRAR	24c. DI	EATH DU	Е ТО СОММ	UNICABLE	DISEASE
		SIGNATURE AUTHEI		(Mo/Day/Yr)	Febr	ý 28 kO11		YES	_ ı	NO 🔀	
<b>CAUSE OF</b>	25. IMMEDIATE CAUSE (EI	NTER ONLY ONE CAUSE	PER LINE FOR (a), (b),	AND (c).)				:	Interval bet	ween onset	and death
DEATH	(a)	tic cardiovascul	ar disease								
	DUE TO, OR AS A C	CONSEQUENCE OF:							Interval bety	ween onset	and death
CONDITIONS IF ANY WHICH	(b)										
GAVE RISE TO IMMEDIATE	DUE TO, OR AS A C	CONSEQUENCE OF:							Interval bet	ween onset	and death
CAUSE ->	(c)	CONSEQUENCE OF:							Into a sal bas	ween onset	
UNDERLYING CAUSE LAST		ONOLGOLINOL OF						į	interval ber	ween onset	and death
CAUGE EAGT	(d)  DART II OTHER SIGNIFICANT CONT	OITIONS-Conditions contri	outing to death but not r	equiting in the unde	rlying cause	a given in Part 1	loc	. AUTOPS	3V Ia	,	
•	Hypertensive car			counting in the unite	mymig cado	given iii i ait i.		pecify Yes	orNo) T	7. WAS CASE O CORONER	Specify Yes
										No)	Yes
		FOR BURIAL,									
	nerson who is to	with all rules and reg certify the cause of o	Julations governing	the preparation	of dead	human bodies	s and up	on rece	eiving the	signature	s of the
	granted to dispos	se of this body. The	burial-transit permi	t must be signe	d below i	as luneral dire	rv or cre	a the lo matory	cai registi authority	ar, permi:	ssion is here ie
ω	no full time perso	on in charge of the ce	metery the funeral	director may si	gn as se	ton. Upon co	mpletio	n the pe	rmit must	be return	ned to
825		r where death occurr					-	·			
24											
	_										
82524	<u></u>	Palm Crematory		-							
	Signature of person in charg	(Name of Cemetery or Ci	ematory)_		_	2	7	, ,			
	of the cemetery or cremator					Date 5	- 3-	/_		VRS-Rev-	20110104
								•			
_			/ BURI	AL RERMIT							
				$\mathcal{I}$		)					
		certify tha	_					-1			

was disposed of in accordance with its terms at:

On March 12, 2011

Certified by:

Rural Cemetery in Southborough, MA

in Sec. 5, Lot 1-A, Grv#2A

Illinois Department of Public Health Division of Vital Records		PERMIT FOR DISPOSITION OF CREMATED REMAINS					
NAME OF DECEASED			DATE OF DEATH JUNE 29, 2012				
HELEN FAY KUTZ			<u> </u>	I			
PLACE OF DEATH (STREET OR INSTITUTION)	CITY OAK PARK	COUNTY		VETERAN	GT		
1111 ONTARIO	СООК		☐ YES	⊠ NO			
PLACE OF DISPOSITION (NAME AND LOCATION OF CEMETERY, CREMATORY) DAWSON CREMATORY, FRANKLIN PARK, ILLINOIS							
☑ CREMATION ☐ SHIP OUT OF STATE ☐ CORONER OR MEDICAL EXAMINER  IF ANY OF THE ABOVE ITEMS ARE CHECKED, THIS PERMIT MUST BE SIGNED BY THE LOCAL REGISTRAR  PRIOR TO DISPOSAL OF THE BODY.							
NAME AND ADDRESS OF PHYSICIAN WHO WILL SIGN DEATH C JOANNA MARTIN, 833 W CHICAGO AVE, CHICAGO, IL							
I CERTIFY I HAVE CONTACTED THE PHYSICIAN AND HE/SHE W SIGNED CHARLES MICHAEL WILLIAMS	ILL SIGN DEATH CERTIFICATE.	FUNERA	L DIRECTOR				
FUNERAL HOME NAME AND ADDRESS DRECHSLER BROWN AND WILLIAMS FUNERAL HOM	E, 203 S MARION ST, OAK PAR	K, ILLINC	DIS, 60302				
REGISTRAR SIGNATURE	DIST NO.		DATE PERMIT IS	SSUED			
DAVID ORR	03100		JUNE 30, 20	12			
REGISTRAR ADDRESS							
RICHARD J DALEY CENTER, 50 WEST WASHINGTON	<b>CONCOURSE LEVEL, CHICAG</b>	O, ILLING	DIS, 60602				

I hereby Crtify that the cremated remains of Helen Fay Kutz accompanying this permit was disposed of in accordance with its terms.

At Rural Cemetery Town Southborough, MA

on July 20, 2012 Final Disposition Sec.6, Lot 52, Grv#6B

Certified by Cemetery Supervisor

TOWN CLECKYS Derica

I hereby certify that the cremated remains of Richard J. Kutz were buried in Southborough's Rural Cemetery in Section 6, Lot 52, and in Grv#6A. Burial took place on March 30th of 2006.

Bridget A. Gilleney-DeCenzo (Cemetery Supervisor)

	Bridget A. Gr.	TTeueA-necet	izo (Cemetery S	supervis
Illinois Department of Public H Division of Vital Records			OR DISPOSITION ATED REMAINS	
NAME OF DECEASED ,			DATE OF DEATH	
Richard John	Kutz		March 7, 2000	5
PLACE OF DEATH (STREET OR INSTITU	JTION) CITY	COUNTY	VETERAN	
Rush Univ. Medical Cente	r Chicago	Cook	Œ, YES □ NO	
PLACE OF DISPOSITION (NAME AND LO	OCATION OF CEMETERY,	CREMATORY)		
	Onarch Cremator	y, Franklin	Park, IL	
			MEDICAL EXAMINER	
IF ANY OF THE ABOVE ITEMS ARE CHEC PRIOR TO DISPOSAL OF THE BODY.	KED, THIS PERMIT MUST I	BE SIGNED BY THE	LOCAL REGISTRAR	
NAME AND ADDRESS OF PHYSICIAN W	HO WILL SIGN DEATH CE	RTIFICATE		
Michael Musacchio, M.D.	1653 W. Congress	Fkwy, Chic	ago, IL 60612	
SIGNED CONTACTED THE PH	The State of the second		ERTIFICATE.  JNERAL DIRECTOR	
FUNERAL HOME NAME AND ADDRESS		<b>C</b> C. J.	Boxle 11 40301	
HEGIS WAR SIGNATURE	D	DATE	PERMIT ISSUED	
REGISTRAR ADDRESS **	CHICAGO, BLANC	8 FW	AR 9 2006	
VR-205 (1-95) (SEE REV	ERSE SIDE FOR INSTRUC	TIONS)	PART 2.1	

TOWN CLERK'S OFFICE

2011 MAY 25 A 8: 27

SOUTHBOROUGH, MANAGE

### PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM BT-1, 12/2010		<u></u>					
	ATE OF NEW			•	1. BURIAL PE		)
	BURIAL TRAN	ISIT PER	MIT		2.011 UN 1	OWN	
1	Mt. (First, Middle, Last)				4. SFX	1	ATE OF DEATH (Month, Day, Year)
MILORED M LAC		!			FEMALE	1 144	AY 14, 2011
f. AGE	7. DATE OF BIRTH (Month,	Day, Year)	1	VN, OR LOCATION	N OF DEATH	t	9. COUNTY OF DEATH
87 Years	JUNE 16, 1923	<del> </del>	CONCOR				MERRIMACK
10. METHOD OF DIS	POSITION ( 1.Burial 2.Temp	p. Entombment 3. (	Cremation 4.D	onation 5. Mausol	leum 6.Other) :		COUE: 1
11. PLACE OF DISPO	OSITION (Name of cemelery.	, crematory ur other	r place)	RURAL CE	METERY		
12. LOCATION (City)	Town, State) SOUTH	HBOROUGH, MA					
13. DATE OF DISPOS	SITION (Refer to 19a)	MAY 18, 2011					
14. IF ENTOMBED (O	OR CREMATED) PLACE OF I	FINAL BURIAI	·				
15. LOCATION OF FI	INAL DISPOSITION (City/Tox	wi. State)					
		AND THE PERSON NAMED IN		<b>建加速</b> 加速			
	TOR MICHAEL J BAL					17.1	N.H. LIC. NUM ONLY 940
18. NAME AND LOCA	ATION OF FACILITY (Chy/Tu	wn, State)	MORRIS F	UNERAL HOM	E, SOUTHBOROU	JGH, MA	
19. COUNTER SIGN	ED AGENT(City Board of Hex	ath/Sub-Register if	app.)	20. CITY/TOWN	1		21. DATE ISSUED (Month, Duy, Year)
MICHAEL BAL				CONCOR		www.cirinon	MAY 17, 2011
					AND THE PERSON NAMED IN COLUMN		
22. IF STORED, BOD	DY WAS PLACED IN (Name (	ol Storege Vault)	23. DA	ATE STORFO (Mo	anth, Døy, Year)	24. CI	TY/TOWN, STATE
25. SIGNATURE OF	SEXTON OR PERSON IN CI	HARGE OF STOR	AGE VAULT	26	B. DATE ISSUED (M	onin, Day	Vean
						ww y	, , , , ,
		ELEXPANDAS.				and the same	
27. TYPE OF DISPOS	SITION (Cremated, buried, of		DATE OF DISP (Month, Day, Ye				ATION OF CEMETERY OR VAULT Rural Cemetery
Burie	ed		5/18/2	2011	· · <u>·</u> · · · · ·	Sout	thborough, MA
30. SECTION	31. GRAVE NO.	32. 5	SIGNATURE OF	SEXTON OR PE	RSON IN CHARGE		\ .
B-West	3		1/	·- /	1 1 70		$m{\nu}$
Lot 44S			(-1)4	With 1	S 18/16	11 -	166
	ng signed by the Sexton or pe in which the disposition takes		by the Funeral [	Director where the	rc is no Sexton) mus	at the forwa	arded within aby days to

8/12/03 Pg.480 Sec.C-west,Lot40S,Grv#2 removal, Morris F.H.

Proof The Unimumwealth of Massachusettsflagg vault

Signature of Board of Health Ager

#### Endorsement

I hereby certify that the body accompanying this permit was removed from Rural Cemetery Southborough, MA for a burial in Rounsevell Cemetery Freetown, MA

Removal from Section C-West, Lot 40S, Grv#2

Certified by Cemetery Supervisor

Mark Index Card

### COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

# DISPOSITION / TRANSIT PERMIT (See reverse side for completion instructions)

No. 1154168

Section A – Local Regis	trar or Funeral Director
Transcribe information as listed on Certificate of De	ath per corresponding item numbers in parentheses.
Full Name of Decedent (1.)	Sex (2.) Date of Death (4.) Date of Birth (6.)
County of Death (15d.)   City/Boro, Twp. of Death (15c.)	Facility Name (15b.)
	on 235 6. Mishermach, Care
Was Decedent ever in the U.S. Armed Forces? (9.)	(No Unknown
Cause of Death (26.)  Melastatic	Cancor
Authorized Method of Disposition (Check all that apply) (16a.)	Date of Disposition (16b.)
☐ Cremation (Authorization No., if applicable) or verbal OK pe	er:
□〈Burial □ Donation □ Other (Specify)	NAME / DATE
☐ Removal from Pennsylvania (Specify method of removal, if applicable _	3-26-15
Place of Disposition (Name, of cemetery, crematory, or other place as listed	n tem 16c.)
Southborough Riva	County (if in Pennsylvania)
Location (City/town, state, zip code as listed in Item 16d.)	MA 01712
SIGNATURES BELOW CERTIFY THAT APPROPRIATE INDIVIDUAL HAS ME 28 PA CODE. CHAPTER 1. AND ANY OTHER COMMONWE	T ALL REQUIREMENTS OF THE VITAL STATISTICS LAW 35 28., \$450.504.
The second section of the second section of the second section of the second section s	ocal Registrar
Signature and district number of Local Registrar issuing permit:	Was this permit released as a blank pre-signed permit prior to filing the
Mary Quan Boken 143414	death certificate? ☐ Yes ☐ No
Complete Address	If yes, date released to funeral director:
Too Smith live Aharon Va. 16146	If no, date permit issued by local registrar:
Section C – Funeral Service Licensee (or person in charge of Interment)	Section D – Cemetery or Crematory Official
Funeral Director License #O//646~4	I certify that disposition has been completed by method(s) authorized by this permit in the location as indicated.
Signature of Funeral Service Licensee (or person in charge of Interment):	Signature of Cemetery or Crematory Official (or representative of facility receiving donated remains):
Date 3-214	Date of 3-26-201 Disposition
Complete Address 310 W. Nachmank In Na Walnut	Complete Address Rural Cemetery Southborough, MA 01772
NETRICTIONS D	Full Earth Burial in Sec. M, Grv#350
	date entered in Section C of this permit.
Copies 1, 2 & 3: Issuing local registrar provides Copies 1, 2, & 3 to f provide these three copies to cemetery/crematory official or representation, contact the Division of Vital Records at (800) 842-5040, select disposition, cemetery/crematory official or representative of other fac	uneral service licensee (or person in charge of Interment) who must tative of facility receiving donated remains. If there is no cemetery option 6, option 3, and then option 2. Upon completion of
(1) Cemetery, crematory, or facility receiving donated re	
the Division of Vital Records at (800) 842-5040, sele appropriate local registrar in district where disposition	strict where cemetery, crematory, or other facility is located. Contact ect option 6, option 3, and then option 2, for the name and address of on occurred. If place of disposition is not located in Pennsylvania, and should be filed in accordance with the respective state's policies.
(3) Submit at the end of each month to: Division of Vit	al Records, P® Box 1528, New Castle, PA 16103.
Copy 4: Issuing local registrar retains for his/her files.	ψ 

#### INSTRUCTIONS FOR COMPLETION OF DISPOSITION/TRANSIT PERMIT

All individuals whose signatures appear on this Disposition/Transit Permit certify that he or she has met all requirements of the following:

- Vital Statistics Law 35 P.S., §450.504
- 28 PA Code, Chapter 1
- · Any other Commonwealth Laws regarding disposition of dead bodies

#### Section A

#### Local registrar or funeral director is responsible for completion, as follows:

- Transcribe information as listed on Certificate of Death per corresponding item numbers in parentheses.
- Indicate applicable method(s) of disposition.
- Enter county in which the cemetery, crematory, or other place of disposition is located if place of disposition is in Pennsylvania. If place of disposition is not in Pennsylvania, enter "N/A" if county unknown.
- Enter permit number (as it appears in top right corner of the Disposition/Transit Permit) on the Certificate of Death.

#### **Section B**

## Local registrar releasing Disposition/Transit Permit is responsible for completion, as follows:

Disposition/transit permit is not valid unless the following information has been entered in this section:

- Signature and district number of local registrar.
- Complete address of local registrar.
- Date Disposition/Transit Permit was released to funeral director as a blank, pre-signed permit (prior to the filing of the Certificate of Death) OR date Disposition/Transit Permit was issued by local registrar.

#### Section C

## Funeral Service Licensee (or person in charge of Interment) is responsible for completion, as follows:

- Funeral director's license number, if applicable.
- Signature and complete address of the funeral service licensee or person in charge of Interment.
- If Disposition/Transit Permit was released to funeral director as a blank, pre-signed permit prior to the filing of the Certificate of Death, funeral director must enter date Section A was completed. If not a pre-signed permit, funeral service licensee or person in charge of Interment must enter date of signature.

**IMPORTANT:** The Certificate of Death must be filed with the local registrar who released the pre-signed permit (as reflected in Section B).

#### Section D

#### Cemetery or Crematory Official is responsible for completion, as follows:

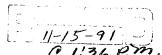
- Signature and complete address of the cemetery/crematory official certifying that the burial or cremation has been completed by the method(s) authorized by this Disposition/Transit Permit.
- Date of disposition.

Please refer to the front of this permit regarding instructions for distribution of copies.



#### State of Florida, Department of Health and Rehabilitative Services, Vital Statistics

#### APPLICATION FOR BURIAL — TRANSIT PERMIT



A.	(Type or Print)					C 1, 26 F.	
1.		irst	Middle	Last		onth Day	Year
	Deceased Ire	ne	Rita	Lawless	OF DEATH no	vember 9	, 199
2.	Place of Death	City, Town or Lo	cation	Name of (If neither,	give street addres	s)	
	County Brevard	Indian Har	bour Beach	Hosp. 212 N. Er	nerald Driv	re .	
3.	Name of Medical Certifier		Medical Examiner	Addres	ss(407)725-4	500 <sup>Phone Nu</sup>	ımber
	Joseph McClur	e, M.D.	X Physician 200 E.	Sheridan Road	d, Melbourr	ne, Fl.	
4.	Name of Funeral Home/		Address		No./Reg. No. Phone	Number (Area	Code)
	Direct Disposer  Beach Funeral	Uomo	1689 S. Patric Indian Harbour		1 (40	07)777-46	40
5.	Check a		certification has been comp				
٥.	Appro- priate	this application	n.	-			•
	Box b	🗷 Dr. Mc	Clure	was	s contacted on $\frac{1}{}$	L-9-91 w	ithin 72
			eath. He/she verified that				
		nor other exte	rnal cause of death, and the	at		will co	omplete
	С		nedical certification of cause		cted on	_∵He/she verif	fied that
	ŭ			, Me			
		medical certific	cation.				
6.	Place of		state cemetery/		Removal		
_	Final Disposition:		ematory - name/county:		X from sta		onation
7.	Funeral Director/ Direct Disposer David	· ·	gnature 1X	F.E. No./Reg.		Date Signe vember 10	
B. [	would result from filing bisposer Report" will be No extension of time for	f time for filing the de within the normal time e filed with the Local I r filing the death certi	eath certificate (exclusive of limit. If the certificate cannot Registrar of the County in v	of weekends) has been root be filed within this extended which death occurred.	requested and gran ended time limit, a "	nted as undue here to the funeral Director	nardship
C.		AUTHORIZATIO	N for CREMATION, DISS	SECTION or BURIAL-	-AT—SEA	•	
	-		, Medical E	Examiner Date			
	Or Medical Examiner		, gave autl	norization by telephone to	0		
_			Funeral Director/Direct btained before disposal by				
	The Medical Examiner's death is required for all c	approval must be of	btained before disposal by	any of the above meth	nods. A waiting pe	riod of 48 hou	ırs after
D.			CEMETERY OR CR	EMATORY			
	Methods of Disposition:			Place of Diagnosition	Rural Cemete	mr Southh	oro M
	BURIAL	☐ STORAGE		Place of Disposition Date of Disposition	-		•
		☐ OTHER (Specify	j /.	Date of Disposition	-10 4 CHIWCT 13 9	***	
	Signature of Sexton ) or Person-in-Charge )	Z Miles	lift ( Julius)				
_	This permit must be end and returned within 10 da	dorsed by the Sexton ays to the local HRS C	or person-in-charge (or b County Public Health Unit in	y the Funeral Director/[the County where dispos	Direct Disposer whosition occurred.	nen there is no	Sexton)

2013 NOV 25 A 9: 49

## SOUTHBOROUGH, MAYN

## RIVER-SIDE CEMETERY, INC.

274 Main St, Fairhaven, Massachusetts 02719 Telephone: 508-999-6978 . Fax: 508-999-6964

**NASKATUCKET CEMETERY** 

RIVER-SIDE CREMATORY

#### **Cremation Certificate**

Date:

Friday, November 02, 2012

River-Side Cemetery, Inc certifies that the burial permit and medical certificate of the

medical examiner prerequisite to the cremation of the body of

Barbara E. Leeds

who died on Tuesday, October 30, 2012

at the age of 91

have been duly presented.

RIVER-SIDE CEMETERY

Cremation Number 9005

Funeral Home: Potter

Cause of Death:

Advanced Dementia

Late Residence:

285 Commonwealth Road

Wayland

MA 01778-

Harry Grimley

I hereby certify that the cremated re-ains of Barbara E. Leeds Accompanying this certificate was disposed of in accordance with it's terms.

At

Town

2003 / Final Disposition

Town of Southborough

### RIVER-SIDE CEMETERY, INC.

274 Main St, Fairhaven, Massachusetts 02719 Telephone: 508-999-6978 . Fax: 508-999-6964

RIVER-SIDE CEMETERY

NASKATUCKET CEMETERY

RIVER-SIDE CREMATORY SEP

#### **Cremation Certificate**

SOUTHBOROUGH, MA

Date: Tuesday, September 02, 2014

River-Side Cemetery, Inc certifies that the burial permit and medical certificate of the medical examiner prerequisite to the cremation of the body of Jacquelyn E Leeds who died on Thursday, August 28, 2014 at the age of 58 have been duly presented.

Cremation Number 11143

Funeral Home: Potter

Cause of Death:

Cardiopulmonary Failure

Late Residence:

118 Middle Road

Southborough Worcester Co.

MA

01772-

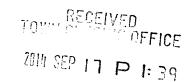
Harry Grimley

I hereby certify that the cremated remains of Jacquelyn E. Leeds Accompanying this certificate was disposed of in accordance with it's terms.

Final Disposition

upervisor,

Town of Southborough



#### State of Florida, Department of Health, Bureau of Vital Statistics **BURIAL TRANSIT PERMIT**

HFAITH

DATE PRINTED: September 12, 2014

TRACKING NUMBER: 2014131938

1.

#### **DECEDENT INFORMATION**

Name of Deceased

Date of Death

MILDRED D LEVANDOSKY

September 10, 2014

Place of Death - County

City, Town or Location

Name of facility, or street address if not a facility

MANATEE

**BRADENTON** 

WESTMINSTER COMMUNITIES OF BRADENTON WESTMINSTER MA

Name and Address of Funeral Home/Direct Disposal Establishment

BROWN AND SONS FUNERAL HOME & CREMATORY - 26TH ST F040460

Fla. Lic. No./Reg. No. **Phone Number** 

F040460

(941) 758-7788

5624 26TH ST WEST BRADENTON, FLORIDA, 34207

Fla. Lic. No./Reg. No.

F043622

**Funeral Director/Direct Disposer** 

DALE E. BROWN

#### **BURIAL - TRANSIT PERMIT**

The Florida Department of Health, Bureau of Vital Statistics hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

**Permit Number:** 

2014-F040460-5178

Date Issued:

September 12, 2014

Meade Grigg, State Registrar

#### 3. **AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION**

**Authorization given by Medical Examiner District** 

**Approval Number:** 

4.

#### **CEMETERY OR CREMATORY**

Place of Disposition:

RURAL CEMETERY

Sec. 1, Lot 26B, Grv#2

**Method of Disposition:** 

REMOVAL FROM STATE

Date of Disposition:

Sept. 16. 2014

EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326E, 10/12

64V-1.011, Florida Administrative Code

5. ( Allem - ha

•	2- For State Registrer  1. Decedant's Name (First, Middle, La.	State of Maryland / Dej ansit Permit (This perm		emains to d	lestination) g.NoPAUL J. BE	TOWN RRY, CL
	MARY DAVIS	LEWIS		MARCH	19 2004	:10 A
	4a. Facility Name (If not institution, given Mance Care of C		4b. City, Town, or Location of Deat	h	4c. County of Death	
	5. Social Security Number 6. S		CHEVY CHASE  () If Under 1 Year   If Under 24 Hrs  Months   Days   Hours   Min.		Montgone 9. Birthplace	(State of Foreig
	Usual Residence of Decedent	1□ M 20 <b>XF</b> 88 Yrs.		MARCH 2	1916 MASSACH	usetts
	10a. State 10b. County	10c. City, Town or			10d.	Inside City Limit
	MARYLAND MONTGOT	NERY	BETHESDA			1∰ Yes 2 □ N
ğ	10e. Street and Number 6204 VORLICH	. 1	101, Zip Code 20816	1	g. Citizen of What Country?	
t. Directo	GZOH VORLICH		Was Decedent of Hispanic Origin? (S If Yes, specify Cuban, Mexican, Puen		14. Race - American	
rmit.	1 Never Married 2 Married	Armed Forces? 1 ☐ Yes 2 M No If Yes, Give	1 ☐ Yes, specify Cuban, Mexican, Puer 1 ☐ Yes 2 ☑ No Specify:	lo Rican, etc.)	Black, White, etc.	
sit permit the caske Funeral	3 Widowed 4 □ Divorced  15. Decedent's Ed	Year or Dates:			WAIT	
trans ier, t	(Specify only highest gre Elementary/Secondary (0-12)	(Giv   Callege (1-4or 5+)	edent's Usual Occupation e kind of work done during most of wo DO NOT use retired)	rking	6b. Kind of Business/Indust	ry
uted burial-tran ommon carrier, Completed by		5+	TEACHER		EDUCATION	
amo dua	17. Father's Name (First, Middle, Last)			me (First, Middle, M		
xecut y con			ling Address (Street and Number or Ri	BELLE Irai Route Number	City or Town State Zin Con	ia)
iy ex				BETHESE	•	•
a du hippe	20a. Method of Disposition 1 Durial 2 Cremation 3	20b. Place and Da	ate of Disposition (Name of		0s. Location - City or Town,	
hout be si	4 Donation 5 Other (Specif	(y) Chesape	KE CREMATORY 2	1004	BELTSVILLE, N	D
dead body without a duly executed burlal-transit permit the body is to be shipped by common carrier, the caske se of odors.  To Be Completed by Funeral I	21. Signature of Funeral Service Licer	nsee 1	22. Name and Address of Facility  APP FUNERAL ! CREMA	TION SERVE	265	
ood to book	- Supart Rol	imam	933 Gist Ave : S	WER SPRI	NG MD 20910	
Warning: The law imposes a penalty up to \$200 upon any person who disposes of a dead body without a duly executed burlal-transit permit. Fransportation: This permit must accompany the body to the final destination. When the body is to be shipped by common carrier, the casket containing the body or the outer case shall be constructed to prevent seepage or escape of odors.  To Be Completed by Physician/Medical Examiner	This burial permit, w constitutes authority	cremated remains ed above was buried M cremated Rural Cemetery SOu	ag below the signature of the at cremation or other disposition.  Authority Shall Fill Out Section 1.  In the cametery or cremator of the content of the con	tending physician of the decease stion Below  y named in Item  Grave  Date signed	an and funeral director dinamed above.  1 20b.  B	

State Registrar

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 16810 DARMESTOWN Ro \$282

GAITHERSBURG, MD 20878

Roman R. Turi MD.

31. Date filed (Month, Day, Year)

No 489

Quito, 22 de Agosto del 2012

2013 DEC 27 A 9: 21
SOUTHBOROUGH, MA,

## CERTIFICADO DE CREMACIÓN

El presente documento certifica que cumplidos los requisitos de ley, previa autorización y bajo la responsabilidad de los familiares, el día 22 de Agosto del 2012 se procede al Servicio de Cremación de Quien en Vida Fue:

# James David Lizotte Pierce

	Atentament	e					
	XX	1	- س				
-	CHAU.	nall	) ·			化连点	
	José Fortu			" g ver		2 4 1 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ė	FUNDEPAZ CIA	. LIVA.		26%			
		25		a			

accompanying this permit, was disposed of in accordance with its terms:			
at	Rural Cemetery	On _	December 7, 2013
Final Disposition Sec. 8, Lot 21 Grv#9A  Certified by Cemetery Supervisor			

I hereby certify that the cremated remains of James David Lizotte,